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VOLUME 26
ISSUE 3
JUL-SEP 2019

VOICES



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*Ng 2017, Oticon Whitepaper

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PEDIATRICS



12

FEATURES

12 **An Honorable Journey: AG Bell presents the Honors of the Association Award to Dr. Carol Flexer**

AG Bell celebrates Dr. Flexer's lifelong career dedicated to helping children who are deaf and hard of hearing achieve success.

BY LISA A. GOLDSTEIN



14

14 **3 by 3: Grade-Level Reading by the End of Third Grade**

Reaching grade-level reading for children who are deaf and hard of hearing ensures future academic and career success.

BY VELVET BUEHLER AND GAYLA GUIGNARD, CHIEF STRATEGY OFFICER



20

20 **Baby Ears**

The Newborn and Infant Hearing Screening and Intervention Act passed 20 years ago and changed the lives of many families. Here's how.

BY RIN-RIN YU

28 **The 17 Years I Won't Get Back**

Catharine McNally reflects on her earlier wariness to reach her full hearing potential—and the dramatic change when she found the right doctor.

BY CATHARINE MCNALLY, AG BELL BOARD CHAIR

32 **Global Gathering**

AG Bell's Global LSL Symposium takes the world stage in Madrid.

BY CHRISTOPHER GENSCH, AG BELL COMMUNICATIONS DIRECTOR

IN EVERY ISSUE

- 2 **Want to Write for *Volta Voices*?**
- 6 **SoundBites**
- 36 **Directory of Services**
- 39 **List of Advertisers**

DEPARTMENTS

- 3 **From the Chair** From "Good Enough" to "Amazing"
- 5 **Editor's Note** Back to School
- 8 **Advocacy In Action** Insurance Coverage for Children's Hearing Aids
- 34 **Focus on Chapters** AG Bell Georgia Holds First Spanish Community Expo / AG Bell NorCal Expo Families Visit to the Zoo
- 40 **Ending Note** The Sounds of Success

Working Globally to Ensure That People Who Are Deaf and Hard of Hearing Can Hear and Talk.
Adopted by the Alexander Graham Bell Association for the Deaf and Hard of Hearing Board of Directors, November 2018

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING

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On the cover:

Baby Ears

Want to Write for *Volta Voices*?

Submissions to *Volta Voices*

Volta Voices welcomes submissions from both the Alexander Graham Bell Association for the Deaf and Hard of Hearing members and nonmembers. The magazine is published four times annually. Its audience consists of individuals who are deaf and hard of hearing, parents of children who are deaf and hard of hearing, and professionals in fields related to hearing loss (audiology, speech-language pathology, psychology, otology, social services, education).

For submission guidelines and to submit content, visit the *Volta Voices* page at www.agbell.org/Advocacy/Volta-Voices.

Subjects of Interest

- Technology—related to hearing loss, new technology, improvements to or problems with existing technology, or how people are using existing technology and accommodations.
- Education—related to public or private schools through post-secondary education, new approaches and teaching methods, legal implications and issues, etc.
- Advocacy—information on legislation, hearing health, special or mainstream education, and accessibility.
- Health—audiology issues relating to children or adults with hearing loss and/or their families and friends.
- Action—stories about people with hearing loss who use spoken language as their primary mode of communication; deafness need not be the focal point of the article.

Editorial Guidelines

The periodicals department reserves the right to edit material to fit the style and tone of *Volta Voices* and the space available. Articles are selected on a space-available and relevancy basis; submission of materials is not a guarantee of use.

Transfer of Copyright

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Art Submission Guidelines

Volta Voices prefers digital images over original artwork. When submitting electronic files, please provide them in the following formats: TIF, EPS or JPG (no BMP or GIF images). Digital images must be at least 300 dpi (at size).

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3417 Volta Place, N.W. • Washington, D.C. 20007
Email: editor@agbell.org
Submit online at www.agbell.org

Letters to the Editor

Let us know how we are doing. Write a Letter to the Editor, and you could see your comment in the next issue.

Media Kit

Email Gary Yates at gyates@agbell.org for advertising information.

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From “Good Enough” to “Amazing”



From an educational and “isn’t this cool or what?” mindset, it’s all in how you frame it.

Of late, I am personally benefiting from the personal use of wireless accessories for my bilateral cochlear implant’s direct access to sound. (Similar technology is also available for hearing aids.) I wish I had this during my school years. You see, I rejected those options because I could hear “well enough.” My audiograms showed it, and my word recognition tests were scoring high. I also didn’t want to deal with *something else* to make me stand out even more when all I wanted to do was blend in.

In hindsight, making use of these accessories would have eased the processing of sound inputs, reducing fatigue from constant focus. As an analogy, think about when you upgrade your TV, computer, or mobile device: Do you immediately notice improved clarity and screen resolution? It’s now *that much better*, whereas before it was just “good enough.” You hadn’t yet experienced what’s “better” to even miss it. That’s what it’s like to use these accessories for presentations, for listening to my coach, or for group projects: it takes “good enough” up to “amazing.”

I recently brought my mini-microphone to a company conference. I left it on the lectern for the speaker, and also placed it in the middle of a table for group conversations. It made listening less stressful because I didn’t have to subconsciously filter out additional background noises. I was able to completely focus on speakers. In the end, I was less fatigued and experienced

greater connection and interaction because I wasn’t missing anything. The best part? My colleagues thought it was the coolest “trick” that I could directly hear speakers and filter out background. They all felt that I had the *advantage*. How amazing is that response, to feel that I actually have a leg-up using my own technology? From an educational and “isn’t this cool or what?” mindset, it’s all in how you frame it. This applies to schools and classrooms—using the various accessories available for hearing aids and cochlear implants to boost access and engagement. When our kids are outfitted with the appropriate technology, we can take steps to better their educational opportunities in this new school year.

The Universal Newborn Hearing Screening was passed 20 years ago. This was a momentous occasion because undetected hearing loss is becoming a thing of the past. With early intervention, a National Institutes of Health (NIH)-sponsored study shows that children who are deaf and hard of hearing are able to be on pace with peers who can hear. Forms of early intervention include *access* to technology and support for these children, and, in some states, that continues to be an uphill battle for families. There’s a vulnerable “middle”—infants, toddlers and children who have mild to severe hearing loss who need hearing aids—and a caveat: Not all insurance programs in every state cover hearing aids. Many cover the more expensive cochlear implants, but not hearing aids. Ironic, right?

How can we screen and identify newborns with hearing loss without the ability to support them when they have

mild to moderate hearing loss? That does not compute. Some states cover it, some do not. We cannot let them not fall behind their peers due to lack of appropriate early intervention. It isn’t fair to leave them behind if their hearing loss isn’t severe enough. You and I, AG Bell’s chapters, professionals and advocates can continue to press for appropriate access—just as we did to pave the way for Universal Newborn Hearing Screening. It’s our voices that help make a difference. Please sign on to support your state so that these infants and children who aren’t candidates for the insurance-covered cochlear implants can get the support they need.

All this success in the classroom, out on the playing field and in the workplace begins with appropriate early intervention, thanks to Universal Newborn Hearing Screening; access to technology; and the professionals who serve these kids in their Listening and Spoken Language journey. Let’s reduce the barriers as much as we can by calling our state legislators to support insurance coverage for hearing aids, donating to AG Bell to support financial aid and scholarship programs, and participating in local chapter events to share stories and resources for other families.

Sincerely,

Catharine H. McNally
Chair, Board of Directors
info@agbell.org



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Advanced Bionics — Powerful Connections



Back to School



We should be proud of these achievements, and how hard everyone has worked to help these kids get this far, and watch as they continue achieving success far into their future.

1999 was a big year.

Besides being the end of a millennium, it was also the end of waiting until children were toddlers before finding out they were deaf and hard of hearing. That's because in 1999, the Newborn and Infant Hearing Screening and Intervention Act was passed in Congress, mandating that all newborns be screened for hearing immediately after birth.

The changes were huge: Children who were diagnosed received early intervention. Audiologists who were used to working with young children were suddenly seeing many newly diagnosed infants. Coupled with improving technology, these children were performing at a whole register higher than their counterparts who were diagnosed before 1999 when it came to verbal comprehension, speaking and reading ability.

Today, those babies are now in college or college-bound. They have grown up not so differently than their peers who can hear. They are ambitious and dream big. They are, in so many ways, taking the world by storm.

As the school year comes around again, we think about all these kids as they embark on another year, pushing their limits and abilities and constantly amazing us in the process.

We think about the younger ones, perhaps starting high school, or middle school, or even kindergarten. We worry whether they will keep up, if they will receive all the support they need in the classroom. We wonder what their teacher will be like. How much their friends might have changed over the summer. What they will learn this year. And, perhaps, we'll remember how far they've come since they first set foot in a school.

It's important to remind ourselves of their accomplishments, and of ours as parents, and as a community. We should be proud of these achievements, and how hard everyone has worked to help these kids get this far, and watch as they continue achieving success far into their future.

In this issue, we examine the results of the Universal Newborn Hearing Screen and how it's changed so much for these kids and their families. We talk about the importance of making sure our kids are not falling behind in literacy and using the third grade as a milestone for ensuring their achievements. We acknowledge the work of Dr. Carol Flexer, whose contributions have helped many, many children go on to become successful adults. AG Bell's board chair, Catharine McNally, shares her experience of having

her technology fine-tuned after so many years, showing that there's always room for improvement well after the school years. And we recap the symposium that was held in Madrid in June.

If you like what you've read in this issue, or you want to share a story of your own, I encourage you to submit articles and ideas to editor@agbell.org. We look for stories that can help new parents of children with hearing loss and assist us in learning about technology, advocacy, health and education in the field of Listening and Spoken Language. I also encourage you to visit AG Bell's website at www.agbell.org for resources and information. Together, we can make the journey to be sure that every person with hearing loss has the chance to listen, talk and live a life without limits.

Have a wonderful school year,

Emilio Alonso-Mendoza, J.D., CFRE
Chief Executive Officer

QUESTIONS? COMMENTS? CONCERNS?

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editor@agbell.org
Or online:
www.agbell.org

SOUNDBITES

School Emergency Plans for Students who are Deaf and Hard of Hearing



A new bill mandating emergency plan accommodations for students who are deaf and hard of hearing is quickly making its way through the Connecticut state legislature. The special education bill will require school districts to have an emergency communication plan that alerts students

with hearing loss about an emergency situation and ensure the students' communication needs are met. Visual tactics, such as flashing lights or messages on televisions and computer screens, can help alert those who cannot hear spoken announcements clearly. Providing specific guidelines to school staff on how to communicate with those who cannot hear will help these students understand and react appropriately to rapidly changing circumstances.



AG Bell Announces 2019 Professional Scholarship Recipients

Congratulations to the 2019 AG Bell Professional Scholarship Recipients Abaries Farhad of Lansing, Mich., and Tracy Edenfield of Ricon, Ga. Farhad is this year's recipient of the Doreen Pollack Auditory-Verbal Therapy (AVT)

Scholarship. Named after a pioneer in the standards of listening and spoken language and in partnership with the Listen Foundation of Colorado, the AVT Scholarship will assist Farhad in fulfilling the requirements for certification as a Listening and Spoken Language Specialist in Auditory-Verbal Therapy (LSLS Cert. AVT).

Edenfield is this year's recipient of the AG Bell Auditory-Verbal Education (AVEd) Scholarship. Recognizing the important role of educators, AG Bell will support Edenfield in pursuing certification as a Listening and Spoken Language Specialist in Auditory-Verbal Education (LSLS Cert. AVEd). AG Bell congratulates the two winners who have demonstrated a strong commitment to the future of listening and spoken language and looks forward to supporting their journey to certification.

AG Bell Awards College Scholarships



AG Bell is pleased to announce the winners of this year's AG Bell College Scholarship competition. The scholars include 11 recent high school graduates and four graduate students, with a collective GPA of 3.92. Forty-five percent are studying the sciences, including engineering and medicine, while others hope to excel in political science, arts and humanities, and speech-language pathology.

Congratulations to our 2019 scholars!

Wentiirim Annankara
Israel – Ben Gurion Medical School

Emma Blank
Pennsylvania – Carnegie Mellon University

Angelica Choi
Texas – University of Texas

Caitlin Han
Canada – Williams College

Julianne Hill
Alabama – Samford University

Rachel Kane
Connecticut – Marist College

Antonina Kuzmina
New York – Columbia University

Sophia Lang
Nebraska – Trinity Christian College 

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Cradle to Career www.agbellcradletocareer.com

Proud, Prepared, and Professional www.agbellprofs.org



IN MEMORIAM

Hazel Fellendorf



Hazel J. Fellendorf supported her husband, former executive director of AG Bell, in developing listening and spoken language resources. She was 95 years old.

Hazel was the wife of the late George Fellendorf, former executive director of AG Bell who dedicated his life to helping those with hearing loss. The Fellendorfs' middle daughter, Linda, had hearing loss, and the Fellendorfs spent much time helping her learn listening and spoken language. These efforts included developing communication resources and materials to guide parents and professionals, which transformed AG Bell into the organization it is today.

In 2013, AG Bell dedicated its editorial suite in George's name in recognition of the Fellendorfs' contributions. Hazel spent her life raising three daughters, supporting her husband and volunteering at her church. In her later years, she was the executive assistant to the president of a bank in Maryland, where she worked until retiring at age 65. Donations in her memory can be made to Trinity Christian School and Trinity Lutheran Church in Keene, New Hampshire.

— *Submitted by the family.*

Genia Brill, LSLS Cert. AVT



Genia Brill (right) was among the outstanding professionals of AV Israel, the only auditory-verbal rehabilitation program in Israel. She was 47 years old.

Genia joined AV Israel in the 1990's when her sister, Miriam Cohen, was the AV Israel professional director and the first LSLS Cert. AVT in Israel. Genia had studied speech and language pathology in Australia and was smitten by the methodological and scientific nature of the auditory-verbal (AV) approach. She was excited by the hope that AV therapy gave parents for the successful inclusion of their children in the hearing world and the opportunity for every child to truly maximize his/her potential.

Genia served as the director of the AV Israel Cochlear Implant Rehabilitation Program at the Shaare Zedek Medical Center in Jerusalem. She was very proud of being one of only three LSLS-accredited professionals in Israel, who were all at AV Israel.

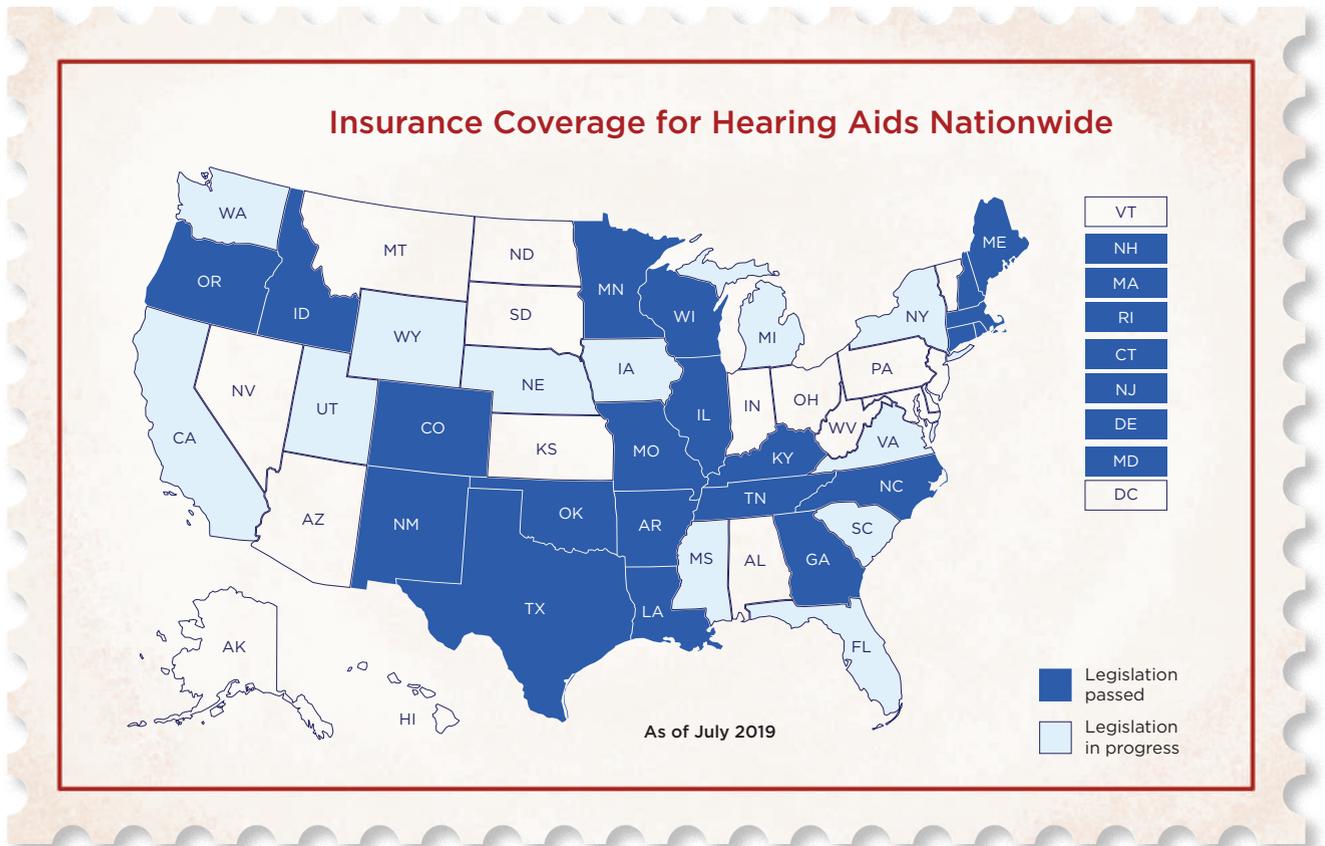
Genia knew no limits to giving—of her time, of her ever-expanding knowledge, of her skill as a first-class therapist. Often the quest for answers brought her to further learning and consulting with world experts until she received a satisfying response.

Genia was a pioneer of advocating for listening and spoken language for children with hearing loss in Israel. She was moved by her clients and thrilled by their successes. She loved what she did and was loved by those who had the good fortune to know her. **vv**

— *Elaine Tal-el, founder and executive director of AV Israel.*

Insurance Coverage for Children’s Hearing Aids

BY JONI ALBERG, PH.D., AG BELL PUBLIC POLICY CONSULTANT



Nearly every state in the U.S. requires newborns to be screened for hearing loss prior to discharge from the hospital. A majority of evidence has shown that early identification and intervention for children who are deaf and hard of hearing has a profound effect on their ability to understand and use language. With early identification and intervention, children with hearing loss will be ready to enter kindergarten on par with their hearing peers.

Most children with hearing loss can benefit from hearing aids, which provide children with consistent and critical sound input. When fit early and appropriately,

hearing aids allow children to develop the brain pathways for hearing, speech and language development.

Unfortunately, the cost of hearing aids for children is significant—on average, a pair of hearing aids cost between \$5,000 and \$6,000. This cost can be prohibitive to many parents who cannot afford them and whose insurance may not cover the cost. Fortunately, for parents living in 24 states, legislation has been enacted requiring insurance providers to cover the cost of hearing aids for children under the age of 21. This includes not only hearing aids but also hearing aid fittings, ear molds and, in some cases, batteries.

In addition to the 24 states that have already enacted legislation, 12 states currently have hearing aid insurance bills moving through the legislative process. AG Bell looks forward to the day when all 50 states and the District of Columbia have insurance coverage for children’s hearing aids.

Do Insurance Laws Mean All Children Are Covered?

While insurance coverage is a relief for many parents, not all insurance is created equal. State laws can only apply to insurance providers that are based in

the state where the law is passed. For example, North Carolina insurance coverage for children’s hearing aids applies only to North Carolina-based providers. The law does not apply to businesses that provide health benefits from insurers based outside of the state. It also does not apply to any self-insured businesses, which is the case for many local city and county governments, as well as for privately owned companies. Federal law prohibits insurance mandates for self-insured businesses.

There are some exceptions. You may be able to require your state employees’ health plan to provide hearing aid coverage, even if it is a self-insured plan. This plan was included in the North Carolina law and was a huge addition since the state government of North Carolina is the largest employer there.

Take Action

If you live in a state that does not require insurance coverage for children’s hearing aids, it is time for you to make your voice heard. Elected state officials need to hear from you about why insurance coverage is important to you. As a parent, you can tell them about the financial impact that hearing aids and related services has on your family. As a professional, you can tell them about the children you serve who significantly benefit from wearing hearing aids and how their parents need help to pay for them.

If your state has legislation pending, call, write a letter and/or send an email to your elected state officials and ask them to vote “YES” for hearing aid insurance coverage for children. Most legislators count the number of contacts they receive in support of/or against a bill. Your voice makes a difference! **VV**



Sample Letters/Email Content

Letters and emails to legislators do not have to be lengthy. In fact, the shorter the better, but be sure to include the following information:

Sample Letter From a Parent or Caregiver

Dear Senator/Representative/Assembly person *[Name]*,

I am writing to ask you to vote YES on *[insert the bill number]*. My son/daughter, *[Name]*, was diagnosed with a *[Moderate/Severe/Etc.]* hearing loss when he/she was 4 weeks old. *[Tell your story briefly here—When he/she received hearing aids; how much they cost; how you paid for them; why the hearing aids are important].*

Once again, I ask you to please support the passage of *[Insert bill number]*. Thank you for all you do for the citizens of *[State]*.

Sincerely,
[Your name and phone number/email address]

Sample Letter From a Professional

Dear Senator/Representative/Assembly person *[Name]*,

I am writing to ask you to vote YES on *[insert the bill number]*. I am a *[Teacher/speech language therapist/physician/etc.]*, and I work with/as *[Describe your setting and work]*. *[Tell your story briefly here—How important hearing aids are for the children with whom you work; how some parents cannot afford them, the outcomes children achieve when they have hearing aids compared to those who do not.]* This important legislation will ensure that ALL children in *[State]* have the opportunity to acquire language and literacy, and experience academic and life success.

Once again, I ask you to please support the passage of *[Insert bill number]*. Thank you for all you do for the citizens of *[State]*.

Sincerely,
[Your name and phone number/email address]



LISTEN-LEARN-LINK: NEW PARENT HOTLINE

If you search the internet for information on helping your child with hearing loss, you will find an overwhelming amount of resources. How do you sort through it all?



AG Bell believes that parents are the most important factor in a child's communication development, and we are prepared to listen, learn and link you to resources so that you are confident in making the best choices for your child.

TALK TO A PARENT WHO HAS BEEN WHERE YOU ARE NOW.



The hotline connects you with Julie Swaim, AG Bell's early intervention parent consultant. Julie's son was diagnosed with profound hearing loss at 10-months-old and uses Listening and Spoken Language. With more than eight years of experience in the Early Hearing Detection and Intervention (EHDI) field, Julie will direct you to resources specific to your needs. You can call or email the hotline and expect a response within 24 hours. Julie will then schedule a 30-minute phone or video call at a time that is convenient for you.

JULIE SWAIM



“

When I found out that my child had a hearing loss, my mind was flooded with concern: How do I learn to communicate with my child? How do I teach my child to read? How do I keep him safe? After talking with other families, it was reassuring to know that I wasn't the only one who has these concerns. It was nice to have someone else to talk to who understood exactly what I was going through.”

—Mother of a 10-year-old bilaterally implanted son who uses listening and spoken language.

YOU ARE NOT ALONE.

AG Bell's New Parent Hotline provides a safe space to answer any questions you may have regarding hearing loss and communication outcomes for your child, including:

- **Communication Options**
Will my child learn to talk?
- **Hearing Technology**
Are hearing aids necessary for my child to hear me speak to him?
- **Parent Contacts**
How can I get connected to other parents?
- **Speech Therapy**
Will I need to provide my child with a special type of speech therapy?
Does my 3-month-old child need speech therapy?
- **Plans and Pathways for Success**
Will my child have friends?
Will my child be able to go to regular school?
- **Additional Resources**
Local Resources and Part C Contacts



FOSTERING CONNECTIONS SO YOU CAN MAKE THE BEST CHOICES FOR YOUR CHILD.

It's helpful to talk with another parent who understands how valuable your role is in your child's development. Soon you will be part of a team who helps develop an action plan for your child's language and development goals. AG Bell's hotline can help ensure your child receives the best services needed to reach his or her goals and will inform you on the latest research and best practices in listening and spoken language development for your child.

CONTACT THE LISTEN-LEARN-LINK HOTLINE TODAY!

Available Monday-Friday

- Confidential
- English/Spanish

 **PHONE (UNITED STATES):**
1-833-575-5465 (1-833-LSL-LINK)

 **EMAIL:**
newparenthotline@agbell.org

 **VIDEO:**
International call requests can be scheduled via video call by emailing newparenthotline@agbell.org.

AG Bell expresses sincere appreciation for the support of Cochlear and GN ReSound, which partnered with AG Bell through its Cradle to Career initiative so that Listen-Learn-Link could be offered to newly identified families.





AN HONORABLE JOURNEY

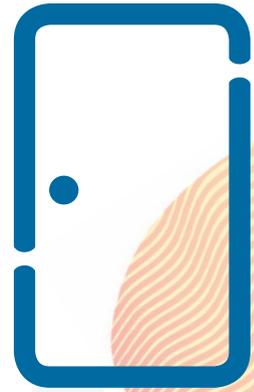
By Lisa A. Goldstein

**AG Bell presents the
Honors of the Association
Award to Dr. Carol Flexer**



For someone who “just fell into” her field, Carol Flexer has come a long way. At the 2019 AG Bell Global Listening and Spoken Language Symposium in Madrid, she received the AG Bell Honors of the Association award for her work in the field of pediatric and educational audiology.

“ The ears are the doorway to the brain, but with exposure and practice, it is the brain that learns to understand the meaning of auditory information. We hear with the brain; the ears are the way in!”



With well over 155 publications to her name, Flexer has advanced the field of listening and spoken language. For example, her research supports that hearing and auditory experience matters. The number of exposure hours (at least 10) a day will make a difference in a child's speech.

Flexer's name is followed by a bunch of letters: Ph.D., CCC/A, LSL Cert. AVT, and distinguished professor emeritus of audiology. She actually started out in a nursing program at the University of Colorado in Boulder. When she decided nursing wasn't for her, she explored other career possibilities, finally settling on broadcast journalism. The program was a section of the general undergraduate speech degree, which necessitated taking a course in speech pathology. This included a two-week lecture on audiology.

“Even though I had never heard of audiology,” Flexer recalls, “I fell in love with that profession.”

When she graduated with a bachelor's degree in speech with an emphasis on speech pathology, Flexer applied for and received a scholarship to the University of Denver for a master's degree in audiology. As a student there, she did an internship with Doreen Pollack at Porter Memorial Hospital. “Doreen's amazing work inspired me to focus on working with children with hearing loss and their families, teaching spoken language through listening,” Flexer says. “I also was privileged to have an internship with Marion Downs, where I learned the magic of behavioral testing of infants and young children.”

Flexer went on to get her doctorate in clinical audiology, aural rehabilitation, psychology from Kent State University. She was at the University of Akron for 25 years as a distinguished professor of audiology. Currently, she focuses on giving presentations and consulting about audiologic management for listening and spoken language development. She writes and co-edits textbooks, articles and chapters. “I plan to keep going as long as I can!” she says.

When it comes to research, Flexer has always concentrated on applied research with a translational perspective. “That is, as an audiologist, I have attempted to integrate both basic and clinical research from multiple related fields into a cohesive narrative about the sense

of hearing and the impact of hearing loss on the child's development,” she says.

She's focused the conversation on the brain, as she explains: “The ears are the doorway to the brain, but with exposure and practice, it is the brain that learns to understand the meaning of auditory information. We hear with the brain; the ears are the way in!”

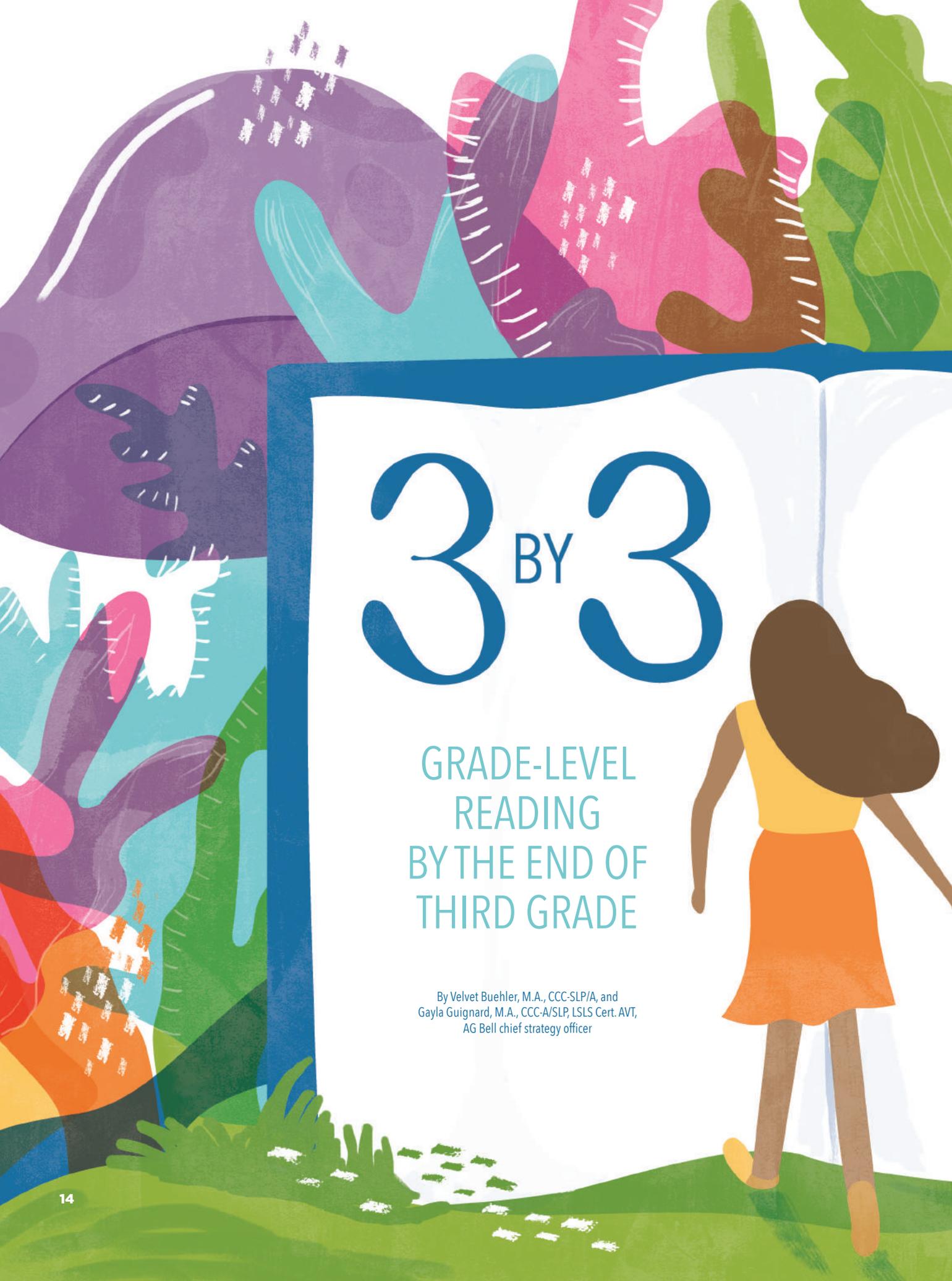
When asked of what she's most proud, she talks about the privilege of mentoring students and guiding families, and the wonderful collaborative relationships and close friendships in the five decades she's been in the field. “Most thrilling is having a role in changing the conversation about hearing loss from focusing on the ear to focusing on the brain,” she says.

Over the years, there have been many amazing changes, including newborn hearing screening, cochlear implants, flexible remote microphone systems and neuro-imaging. All of this means improved opportunities for children to learn to listen and talk. Looking ahead, Flexer thinks it would be wonderful to have LSL specialists available to families all over the world who want this outcome for their children. “I would love to have pediatric audiologists recognize that they're the first responders in the alleviation of auditory deprivation in infants and children with hearing loss,” she adds, “and to act quickly to fit the appropriate technology to get information to the brain.”

As Flexer humbly accepts her award, she wants to recognize and applaud AG Bell for being the beacon of LSL around the world. The same could be said about her. **vv**



Lisa A. Goldstein has been a member of AG Bell since 1982 and has yet to miss a convention! She was born profoundly deaf, diagnosed at 14 months, raised to lipread and speak, and now has a cochlear implant and digital hearing aid. Lisa has a master's degree in journalism from UC Berkeley and works as a freelance journalist in Pittsburgh, where she lives with her husband and two children.



3 BY 3

GRADE-LEVEL READING BY THE END OF THIRD GRADE

By Velvet Buehler, M.A., CCC-SLP/A, and
Gayla Guignard, M.A., CCC-A/SLP, LSLs Cert. AVT,
AG Bell chief strategy officer



Children who are reading proficiently by the end of third grade are four times more likely to graduate high school on time. A child who is reading at grade level by the end of third grade is also significantly more likely to succeed in later grades and master complex subject matter.

Developmentally, children spend their first few years of school learning to read, up through the third grade. After third grade, children read to learn. However, that's not happening with all children, particularly among low-income families. According to the Campaign for Grade-Level Reading (3rd Grade Reading Success Matters), about 67 percent of children nationwide and more than 80 percent of those from low-income families are not proficient readers by the end of third grade. Two-thirds of fourth graders in the United States are not proficient readers.

The campaign also noted some other sobering facts:

- As early as 18 months, children from low-income families begin to fall behind in their vocabulary development and other skills critical for school success.
- Sixty-one percent of children in low income families have no children's books at home.
- Children in low-income families hear as many as 30 million fewer words than their more affluent peers.
- By age 2, children from low-income families lag behind their peers in listening, counting, and other essential literacy skills.
- A child's vocabulary at age 3 can predict his or her reading level at the third grade.
- By age 5, a typical middle-class child recognizes 22 letters of the alphabet compared to nine letters for a child from a low-income family.

30 Million Word Gap

Children who are deaf and hard of hearing have the same need to read and stay on course as children who are not deaf and hard of hearing. Decreased auditory access can lead to decreased access to language, vocabulary, pre-literacy and literacy activities. This results in reduced exposure to all the words that children need to hear in order to learn. In their highly publicized 1995 book, "Meaningful Differences in the Everyday Experience of Young American Children," Betty Hart and Todd R. Risley highlighted the close link between children's academic success at ages 9 and 10 and the verbal interaction with their parents during the first years of life. The results of this study led to what is known today as the "30 Million Word Gap."

The following facts are reported in the study:

- Parent-child verbal interaction is strongly associated with the development of children's vocabulary and emergent literary skills.
- Parent-child verbal interaction is associated with development of conceptual knowledge (e.g., vocabulary, understanding of narrative and story structure), which together with subsequent development of decoding skills (e.g., phonological awareness, letter knowledge) leads to literacy.

Another study by Keith Stanovich, an applied psychology and human behavior professor at the University of Toronto, reported the idea that in reading, the rich become richer while the poor become poorer. This is referred to as the "Matthew Effect." Early success in reading leads to later success in cognition, learning and vocabulary. The gap grows between strong and weak readers

as time passes. For example, at the beginning of first grade, the word gap between strong and weak readers is 12.8 words. This number increases to a 49.8-word gap by the end of first grade. And by the end of middle school, good readers read 10 million words and maintain a large vocabulary, whereas poor readers only read 100,000 words.

Reading difficulties also stem from parents who do not read to their children daily. A study released in 2005 by Laura Justice, Ph.D., a professor of educational psychology at Ohio State University, examined literacy among children through storybooks. She found that in 1999, only 53 percent of children ages 3-5 were read to daily by a family member. If a family member reads only five minutes per day, the child is exposed to 282,000 words per year. However, if a parent or caregiver reads to a child for 20 minutes daily, the child is then exposed to 1.8 million words per year.

Why do some children who are deaf and hard of hearing have difficulty learning to read?

To read well, a child needs to develop phonological and phonemic awareness. Difficulty in developing phonological and phonemic awareness skills can lead to decoding difficulties. Children who are deaf and hard of hearing often have poor access to the auditory environment, especially when there are multiple talkers, background noise and significant distance from the person who is speaking/teaching. This limits their ability to learn incidentally and "overhear" the language around them the way their peers who are hearing do. Children who are deaf and hard of hearing may not receive adequate language input, resulting in reduced content knowledge, form and use. Also, a child may lack experiences and world knowledge. Further, a child may also have difficulties understanding another's perspective, dialogue and narrative language skills. Lack of exposure to books also leads to decreased book knowledge.

What does it take to become a good reader?

$$\text{Decoding} + \text{Comprehension} = \text{Reading}$$

Decoding Skills allow information to "get in."

- Print knowledge.
- Phonological and Phonemic Awareness.
- Phonics and the Alphabetic Principle.

Language Comprehension allows us to "make sense of it" once it is "in."

- Grammar.
- Vocabulary.
- Narrative skills.
- Metalinguistic awareness.

How can we ensure appropriate literacy development prior to kindergarten?

Ideally, literacy development starts in infancy. Parents and professionals can purposefully create literacy-rich environments. We should have high expectations for all children and

"Children who are deaf or hard of hearing have the same need to read and stay on course as children who are not deaf or hard of hearing."



communicate those expectations to the child, other family members and to all who work with him or her.

In particular, the following have been highly associated with reading success:

- **Metalinguistic Awareness:** Thinking about, talking about, and manipulating language is how language is learned. This plays an important role in phonological, word, syntactic, pragmatic and meta-textual awareness.
- **Phonological Awareness:** These are large units such as words, syllables and phonemes; it is one aspect of metalinguistic awareness.
 - Sentences: made up of words.
 - Words: made up of syllables and sounds.
 - Syllables: made up of sounds.
 - Letters: represent sounds.
- **Phonemic Awareness:** Speech sounds only and one aspect of phonological awareness. Spoken words are sequences of phonemes, which are the smallest units of speech.

How do parents and professionals know where to start?

Children need to be exposed to thousands of words daily. Parents can and should narrate their surroundings, but many words can be found in print. Professionals should focus on teaching parents how to read to their child so that the experience is pleasurable and repeated often.

Reading to Your Child

- Provides a reading role model.
- Improves complexity and structure of language.
- Improves critical reasoning skills.
- Teaches letters and sounds and rhyming.
- Conditions child to associate reading with pleasure.
- Improves vocabulary and grammar.
- Improves attention span.
- Stimulates imagination.
- Improves academic success and future career.
- Improves reading and writing as speech and audition share a common linguistic base.

Top 20 Tips for Making the Reading Experience Enjoyable:

1. Get ready to read with a comfortable chair for cuddling and close viewing.
2. Set aside 20 minutes of uninterrupted time.
3. Choose books with rhymes, repetition, big unexpected events, problems to solve and that are print-salient.
4. Have a happy frame of mind, laugh, smile and have fun.

Getting Started with Shared Reading

The following are developmental milestones for literacy from birth to kindergarten.

Birth to 12 months

- Reaches for book.
- Puts book to mouth.
- Sits in lap with head steady.
- Turns pages with help.
- Looks at pictures.
- Vocalizes and pats pictures.
- Prefers simple pictures, bright colors and faces.

12-18 months

- Sits without support.
- Carries book.
- Holds book with help.
- Turns board pages, several at a time.
- Points at pictures with one finger.
- Makes same sound for certain pictures.
- Points when asked “Where’s the ----?”
- Turns book right-side up.
- Gives book to adult to read.

18-24 months

- Turns board book pages one at a time.
- Names familiar pictures.
- Fills in words to familiar stories.
- “Reads” to dolls or stuffed animals.
- Recites part of well-known stories.
- Attention span is variable, may not sit through entire story.
- Understands vocabulary (book, cover, story, beginning, end).
- Begins to ask questions (What’s that? (What does this say?).

24-36 months (2-3 years)

- Learns to handle paper pages.
- Goes back and forth in books to find favorite pictures.
- Recites whole phrases, sometimes whole stories.
- Protests when adult says a word wrong in familiar story.
- Coordinates picture with text.
- Reads familiar books to self.
- Explores print and recognizes some words in stories and environmental print.
- Shows top to bottom and left to right orientation.
- Recognizes beginning and ending of stories.
- Points to title and author.
- Recognizes favorite books and finds them.
- Asks “what does this word say?”

37-48 months (3-4 years)

- Wants to learn to read and reads simple books independently.
- Recognizes a few sight words and many environmental print words.
- Notices differences in print (egg vs. eggs).
- Uses knowledge of alphabet to find words in books.
- Begins to decode simple words.
- Imitates adult reading with eye movements and tone of voice.
- Understands reading for pleasure vs. for information.

- Understands concepts of author, title, illustrator, simple plot lines, making predictions, cause and effect.
- Develops directionality.
- Print is read, pictures support the print.

49-60 months (4-5 years)

- Responds to emotional content of story.
- Differentiates letters from words from numbers.
- Recognizes rhymes and beginning sounds in words.
- Wants to decode words.
- Identifies the cover, the title, and where the author and illustrator information is located.
- Holds book properly, turns pages, moves eyes, follows print with finger.
- Understands that storybooks are different than newspapers.
- May not understand “silent reading.”
- Demonstrates understanding of plot and sequences of stories.
- Retells stories with structure and future tense.
- Understands letters, words, sentences and punctuation.
- Identifies all letters and reads many words.
- Understands rhyme and syllables.

5. Ask “What do you think this story is going to be about?” “What would you do if?...” “What do you think will happen next?” “Let’s think about the title and the pictures/illustrations on the cover, on the back and on the first page.”
6. Read to your child every day.
7. While reading, focus on providing a rich auditory narrative to promote listening, metalinguistic, phonological and phonemic awareness. Reading aloud promotes neural connections within the auditory brain and facilitates language and reading competence. Refer to published developmental milestones.
8. Draw attention to print in books and the environment. Point to the words as you read, and point out upper case vs. lower case letters on occasion as you read. Make distinctions between what is a letter, sound, word sentence and paragraph.

9. While reading, teach vocabulary by highlighting antonyms (opposites), synonyms, multiple meaning words, idioms and figurative language.
10. Encourage phonological and phonemic awareness by highlighting rhyming words, counting syllables, and emphasizing sounds that letters make.
11. Make sure the child knows the value of literacy to you. Let them see you read and write across the day. Talk about how much you enjoy reading and writing and the benefits each gives you.
12. Read in your best, most expressive voice. Read first without always showing the pictures.
13. Take on characters’ voices.
14. Read at a slower pace.

15. Be sure the child can see the print as you read.
16. Let the child hold the book or turn the pages.
17. Observe, wait and listen to your child.
18. Read the same books your child enjoys over and over.
19. Let the child chime in on rhymes, repeats and refrains.
20. Let the child re-tell the story and plan a follow-up related activity.

This article has highlighted ways to promote reading success by third grade beginning in infancy up to the time a child will start kindergarten. It is important to remember that literacy development is multi-faceted. Parents and professionals should concentrate on making the reading experience pleasurable and reading to the child on a daily basis. Follow the developmental timelines and assess literacy skills often.

Professionals should develop goals for literacy and apply explicit instruction to the parent and the child. The goal is to do all that can be done to help a child complete third grade ready with reading and other literacy skills that prepares them for the next stage, reading to learn, or reading to learn new information. When we begin in infancy, we can celebrate literacy successes! **vv**

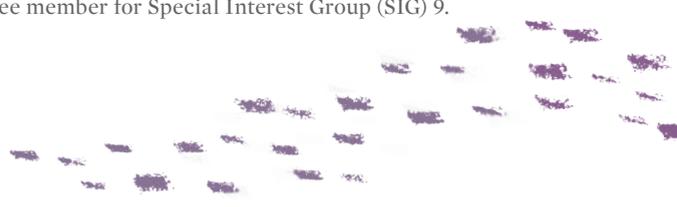
This article is the first of two articles related to literacy development. Its content focuses on infancy to kindergarten. The next article will focus on kindergarten through third grade, which will be published in the 2019 October-December Volta Voices issue.



Gayla Guignard, M.A., CCC-A/SLP, LSLS® Cert. AVT, has served as AG Bell's chief strategy officer since September 2015. She has worked as a direct service provider, clinical supervisor, State Early Hearing Detection and Intervention (EHDI) coordinator, and as the inaugural director of Indiana's Center for Deaf and Hard of Hearing Education (CDHHE). Gayla has special interests in systems change and strategic activities related to improved outcomes for children and their families. She has also served in numerous leadership roles on national committees and work groups.



Velvet Buehler, M.A., CCC-SLP, is a dually certified professor in the department of audiology and speech pathology with the University of Tennessee Health Science Center. Buehler has provided aural-habilitation services to children who are deaf for 31 years. Buehler has served as an American Speech-Language-Hearing Association (ASHA) steering committee member for Special Interest Group (SIG) 9.



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PROFESSIONAL DEVELOPMENT

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BABY EARS

BY RIN-RIN YU



Twenty years ago, the Newborn and Infant Hearing Screening and Intervention Act of 1999 made it compulsory for babies to be screened at birth. As those first babies are now entering college, here's how the mandate changed the lives they might have lived.

When Meg McMahon was little, her parents assumed she was just a typical toddler who didn't listen very well. "We'd yell at her and she wouldn't respond," recalls her father, Kevin McMahon.

Then, when Meg was 3 years old, her baby brother, Joe, was born. The nurses at the hospital whisked him away for a battery of standard screening tests given to newborns, and one came back negative: his hearing test. He didn't pass.

"That's when we started looking at Meg," McMahon says, and put two and two together. She hadn't been screened for hearing at birth like her brother was. Meg was tested, and the reality sunk in: both children had bilateral sensory hearing loss.

Joe and Meg were born to the same parents, at the same hospital in Minneapolis, and had the same diagnosis. The valley that stood between them was a single act of Congress that would change the fate of many more babies going forward: the Newborn and Infant Hearing Screening and Intervention Act of 1999, which coordinated funding for states to test infants' hearing at birth. Meg was born in 1998, before the screen was mandated—only children who showed signs of other potential health conditions, such as low birth weight, were tested. Those children would usually not be diagnosed until about age 2 or 3, sometimes as late as 5 years of age.

Joe was born in 2000, when the mandate was well underway. He was tested immediately.

Both were fitted for hearing aids right away; McMahon remembers people reacting to baby Joe sitting in his little bucket car seat with hearing aids on his ears. "They would look in amazement," he says.

Today, Meg is 21 and Joe is 18. Both grew up in Minneapolis with as typical a childhood as two siblings could experience, filled with friends and activities at mainstream schools. Meg would undergo speech therapy for several years and still pronounces some words with less clarity. Because of Joe's early intervention, he did not require much additional help and his speech is nearly flawless. Meg became the vice president of her high school, earned good grades, and went on to become an English major at the College of St. Benedict. Joe recently graduated high school with a 3.7 GPA, sang in the choir, participated in the engineering club and is headed to the University of Minnesota School of Engineering this fall.

McMahon says he and his wife would watch old videos of Meg and often kick themselves—the signs were all there. But they're relieved she was diagnosed when she was. He says if it hadn't been for Joe's diagnosis, they might not have figured out Meg's at the time that they did, either. "Sometimes we imagine, 'What if Meg had lost another couple of years?'" he asks, his voice cracking with emotion.



Then: Young Joe and Meg at the time of diagnosis.



Now: Both all grown up in a mainstream school and life.

The Newborn and Infant Hearing Screening and Intervention Act of 1999

In 1993, the National Institutes of Health (NIH) endorsed screening for all newborns, which led to individual state efforts to promote mandatory screens. In 1997, a standard screening method was recommended by an NIH-convened expert panel. By 1999, Congress passed the Newborn and Infant Hearing Screening and Intervention Act, which made it possible for all babies to be screened at birth for hearing. In some states, insurance is required to cover the cost of the screen while others use state funding to cover the program.

According to the American Academy of Pediatrics, hearing loss is one of the most common birth defects, at 3 per 1,000 births. However, according to the NIH, only 50 percent those with hearing loss were ever diagnosed at birth prior to the 1999 newborn hearing screen act. Meaning, about 6,000 babies were sent home from hospitals undiagnosed and would remain undiagnosed for the next two to three years, if not more. As a result, these children fell behind their peers who could hear when it came to language, cognitive skills and social skills. This would affect them later in life when it came to literacy, academics, and job prospects.

After implementation of the act, by 2005, 91.5 percent of infants were screened for hearing loss (out of four million born that year), according to the Centers for Disease Control and

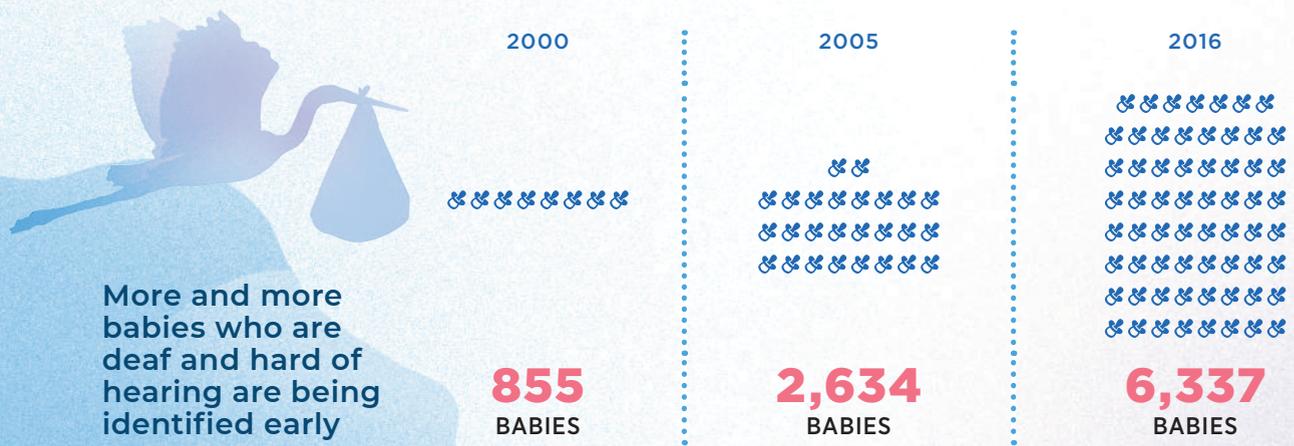
Prevention. In addition, every state has implemented an Early Hearing Detection and Intervention (EHDI) program, which spells out the mandated screen tests and options for parents whose children receive a diagnosis for hearing loss.

Results of the Newborn Hearing Screen Act

The results were staggering. In 2000, 855 babies were diagnosed as deaf and hard of hearing, including Joe. By 2016, the number of diagnoses increased to 6,337 babies, more than seven-fold that in 2000.

In 2000, the NIH-sponsored landmark study led by Dr. Christine Yoshinaga-Otano showed that children who were deaf and hard of hearing, who started treatment early, had language skills on par with children who could hear, regardless of the severity of their hearing loss. Another study in 2001 showed that children who were identified and treated at six months had significantly higher language skills than those who were identified after six months. Their social and emotional development were also congruent with their physical development.

The popularity of cochlear implants increased on the technology scene during this time, which, coupled with the newborn screen mandate, “together completely changed the world for children with hearing loss,” says Dr. Jane Madell, a renowned pediatric audiologist.



More and more babies who are deaf and hard of hearing are being identified early

855
BABIES

2,634
BABIES

6,337
BABIES

Supporting AG Bell's Scholars

AG Bell has been making college scholarship awards for decades. Some of our earlier scholars have been giving back generously of their time and their support to the students who follow them. Their guidance and encouragement have led to the development of doctors, engineers, university professors, audiologists and speech-language pathologists, entrepreneurs, veterinarians and more. Name the field, and someone who is deaf or hard of hearing has received support to study it.

It's up to all of us to ensure that our students can count on AG Bell to provide financial assistance for college, but funds that were endowed through bequests many years ago have been depleted over the years. We have too few contributions to balance out the requests for help. Hundreds of applications come to AG Bell each year, creating a high demand for support, **but now the program is at risk.** Without your help, **scholarships will not be available for students who will graduate high school next June.**

Over the years, AG Bell and the AG Bell College Scholarship Committee have seen not only the growth in the number of students pursuing college education, but an increase in their skills and abilities. This is particularly notable in the past two years, when the first babies who benefited from the Newborn and Infant Hearing Screening and Intervention Act of 1999 are now applying for entry to college. As we have learned through their scholarship essays, students are not only high achievers, but they are also committing more time and energy to developing leadership skills and participating in sports, clubs and

community activities than ever. Much of this is due to the simultaneous advancements in early intervention and in hearing technology. As students gain greater confidence in their ability to communicate, they also feel better able to participate alongside their peers with typical hearing, and they are benefiting from greater acceptance and understanding of their challenges.

Our scholars are giving back. Many are focused on careers that will help other people with hearing loss, with applications for study in the sciences soaring to more than 50 percent of all applicants. One example is Dr. J. Tilak Ratnanather, who won an award that took him to Johns Hopkins University, and today mentors many students to follow a Science, Technology, Engineering, Math and Medicine (STEMM) path. Others are committed to removing barriers and advocating for public policy changes, like the dozens of students helped by the George H. Nofer Scholarship for Law and Public Policy. Still others are dedicating their own time to speaking up and speaking out, just as students are prepared to do through AG Bell's Leadership Opportunities for Teens (LOFT) program.

Please consider making your gift today. You can make a gift online at www.agbell.org/donate or use the enclosed envelope to designate your gift to the scholarship fund. In every way you choose to support our scholars, you are investing in the future of students who are deaf and hard of hearing, and we thank you.

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Fast-forward to today, and many of these kids are enrolling in college—mainstream universities and colleges. In a letter written to the journal *Pediatrics*, communications professor at the College of Wooster and former AG Bell President Donald Goldberg stated that 88 percent of families with children who receive a diagnosis for hearing loss end up choosing Listening and Spoken Language (LSL). As a result, more than 85 percent of children who are deaf and hard of hearing attend mainstream schools, compared to 50 years ago when 80 percent of children who are deaf and hard of hearing attended “special” schools using signed communication, according to a 2011 study by the U.S. Government Accountability Office. In yet another study published in 2015 in the journal *Exceptional Children*, data for 500 LSL students in mainstream and special schools were examined. The researchers found that “across all subject areas, having attended regular secondary schools and having better spoken language were associated with higher test scores.”

There’s a lack of statistics on kids who use LSL and their enrollment in mainstream education, let alone higher education, since the act was implemented, partly because those students are just beginning their college careers. However, experts have noted trends and differences due to early intervention alone as well as considerable improvement in technology.

Anecdotally, the jump was evident when it came to college admissions. “The average GPA of the 100+ applicants per year probably has risen from 2.75-3 to 3.25-3.5 in my work with the College Financial Aid Committee over the past 20 years,” says

“Across all subject areas, having attended regular secondary schools and having better spoken language were associated with higher test scores.”

Tilak Ratnanather, M.Phil, associate research professor in the department of biomedical engineering at Johns Hopkins University in Baltimore. “Further, the number of applicants expressing an interest in Science, Technology, Engineering, Math and Medicine (STEMM) jumped from about five percent to 40-50 percent,” he notes. Specifically addressing those who use hearing technology: “They are confident in their abilities and ambition to learn from professors at world-class mainstream institutions, where, if need be, they can fall back on assistive technology.”

The newborn screen also brought out new research techniques, including one developed by Madell called the Behavior Observation Audiometer (BOA). Before, she was managing toddlers and young children whose parents only just realized they had hearing loss because they weren’t talking.



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When the newborn screen became mandatory, she was inundated with newborns as well. During the initial years of 1999-2004, the shift from young children and toddlers to infants inspired her to develop BOA, which obtained behavioral thresholds on infants using changes in sucking. "Having BOA enabled us to be able to test their ability to hear with hearing aids, which was a big boon," Madell recalls. "We could monitor hearing aid settings and adjust them to improve hearing."

Room for Improvement

While early diagnosis has played a crucial role in setting the course for children who are deaf and hard of hearing, there's plenty more that contributes to a child's academic and social successes. An article in *Harvard Political Review* outlined three different studies that showed what ultimately created success:

- 1. Early detection and fitting.** As the newborn screen showed, the earlier, the better. But once a child's hearing loss is detected, he or she needs to be treated immediately as well. The article cites 2010 research published in *Otology and Neurology*, which concluded that children who are deaf and hard of hearing, implanted with cochlear implants before 18 months of age, showed "more rapid progress in auditory performance and speech intelligibility in comparison to children implanted at an older age."
- 2. Family involvement.** It's not enough for the child just to be fitted and expect that he or she will pick up sounds on his or her own. Parents and caretakers need to be fully involved, particularly when the child is diagnosed later, and coordinate with the therapists, audiologists, doctors, teachers, and anyone else helping the child's advancement. The article highlighted a 2000 Michigan State University study that showed that the more in-tune with the entire process the parents were, the better the child's outcome.
- 3. Complementary educational model.** Particularly for children who were diagnosed later, having a comprehensive educational model is important to making sure children will catch up to the appropriate reading level of their peers who could hear. This is also intertwined with the work of therapists and audiologists, plus family who would provide constant language and sound to the child during waking hours.

In addition, while many more babies are diagnosed immediately, nearly half of those diagnosed are lost to follow-up, according to the NIH. Several groups, including policy makers, researchers and others, are working to make sure these children can still be reached. Some others have taken initiative to reach children in lower income and rural areas, such as Hear Here Alabama through the University of Alabama, which brings a mobile clinic to places that lack hearing health care. Still more states are working to pass legislation that would have hearing technology covered by health insurance, easing up a huge financial burden on parents.

STEMM-HEAR

Tilak Ratnanather, M.Phil, associate research professor in the department of biomedical engineering at Johns Hopkins University in Baltimore, runs an internship program called STEMM-HEAR (STEMM for students with Hearing loss to Engage in Auditory Research). Organized with AG Bell in conjunction with the Johns Hopkins School of Medicine, the program provides hands-on experience in STEMM research to students who are deaf and hard of hearing.

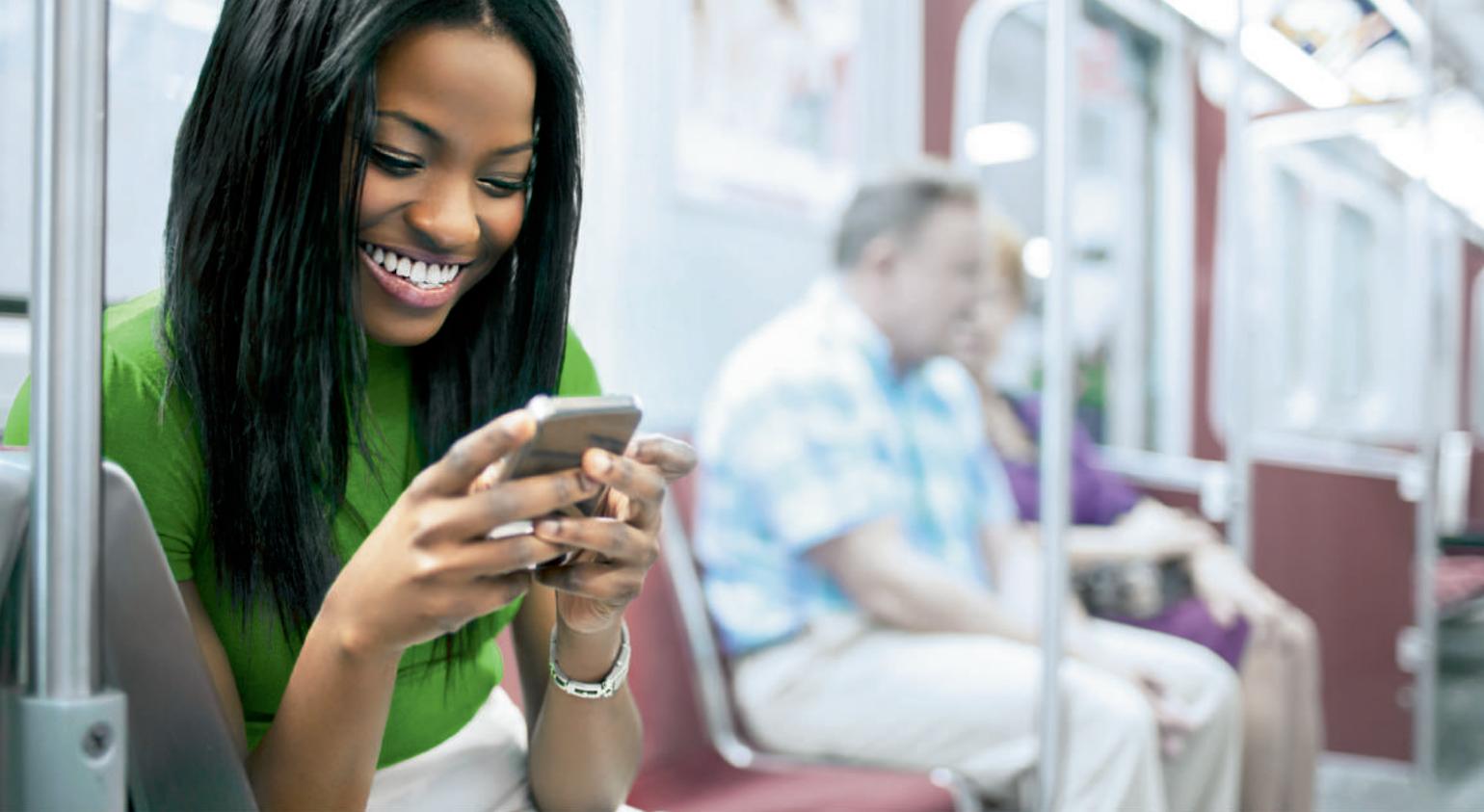
Ratnanather, who is profoundly deaf himself, has been mentoring students who are deaf and hard of hearing since the early 2000s and encouraging them to enter STEMM disciplines. In 2015, he was awarded the Presidential Award for Excellence in Science, Mathematics, and Engineering Mentoring (PAESMEM) from President Obama, which gave him the inspiration to scale up the successful mentoring work he did at Hopkins across the country. Ratnanather works with AG Bell each year to select students for the coveted summer positions.

"The number-one goal is to provide opportunities for students with hearing loss at mainstream colleges to do summer research in auditory sciences and engineering in several campuses across the country and hopefully the world," Ratnanather says. "By working with professors with hearing loss and/or other students with hearing loss, they will be able to address the four challenges of hearing loss in STEMM: imposter syndrome, invisibility, ignorance and isolation." —R.Y.

The newborn hearing screen has opened wide opportunities for many children who might not have had as much success had they not been diagnosed right away. "Joe has no recollection of not having hearing aids—Meg doesn't either, she was too little," McMahon says. But he is thankful they were both diagnosed so young and received the treatment and help they needed. "Our kids have been able to live the life that we envisioned for them and that they envisioned for themselves." 



Rin-rin Yu is the editor of *Volta Voices*. She runs Silver Media Group, a strategic marketing communications consultancy.



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Back-to-School Backpack

It's time to get ready to go back to school!

What should students who are deaf and hard of hearing prepare to bring, and what should the school have ready for them? These items should be available to help maximize auditory access at school.



STUDENTS

- Spare hearing aid batteries
 - *Something to put dead batteries in to recycle later.*
- User's guide for hearing technology
 - *Highlight the troubleshooting section. Explain how the technology works to the teacher.*
- Hearing assistive technology system that connects with a microphone that the teacher wears.
 - *Explain to the teacher how the microphone works and the different situations for the microphone.*
- Patch cord to connect hearing assistive technology to the computer.
- Copy of audiogram
- Individualized Educational Plan (IEP)
 - *Review the accommodations and supportive aids listed on the IEP and talk about how to use them to access instruction with the teacher. Explain goals and objectives.*
- Information about the student
 - *Likes, dislikes, strengths, weaknesses, interests, family, friends, concerns*

SCHOOL

"Day 1 Readiness" prepares the teacher to work with a student who is deaf or hard of hearing from the very first day of school. The general education teacher should seek consultation from other members of the educational team as well.

- Be familiar with the IEP
- Progress monitoring – making sure to check in with student regularly
- Student advocating – knowing how and when to advocate for student
- Authentic student inclusion in all classroom activities
- Communication - to make sure he is able to hear and understand the teacher and vice versa (e.g., determine a special cue such as pointing to the ear to indicate, "I'm having trouble hearing you.")
- Accommodations that the student requires, such as specific seating, copy of written notes
- Modifications so that student receives the same information as all other students, such as facing the student during oral instruction
- Technology for the teacher and ensuring access (such as captioning and interfacing)
- Related services are on this student's IEP, such as speech-language services, itinerant teacher
- 504 Plan
- Americans with Disabilities Act

Ellen L. Estes, M.S., LSLs, Cert. AVEd, lives near Atlanta, Georgia. She is a teacher of the deaf and hard of hearing in the Cobb County School District and a part-time instructor at Georgia State University. She serves on the Board of Directors of the AG Bell Academy. She co-authored *Helping Deaf and Hard of Hearing Children Use Spoken Language* (Corwin Press).



THE 17 YEARS I WON'T GET BACK

By Catharine McNally, AG Bell board chair

At age 3, I was one of the youngest recipients of a cochlear implant.

After losing my hearing to meningitis as a baby, my parents relied on an audiologist, doctor and medical device manufacturer to help their deaf daughter hear again. Back then, access to information was a challenge—caregivers and providers were the single source of truth in my patient experience.

This was 1986. Cochlear implants were new, and there was no brochure for me. Even though my procedure and device were implanted as part of a U.S. Food and Drug Administration (FDA) research protocol, there was also no way to instantly get questions answered.

In the years to follow, an audiologist would work with me, to skillfully “program” (map) my cochlear implant to my individual preferences and comfort. My parents and I developed trust in her, that she and we would get the most out of my cochlear implants. In my teen years, she retired (along with a trusted relationship). In finding a new audiologist, I now had to rebuild a style of communication, mode of information sharing and rapport with someone completely new—to me and to my devices.

The first map with this new audiologist was uncomfortable, but I was told to give it time to adjust. After obliging, I adapted to a new, uncomfortable, normal.

The following year, I tried a new audiologist, and the experience was similar. As was the one after that. And the one after that.

Between then and now were 17 lost years.

I only wore my processor when absolutely necessary. Due to an ill-fitting program, sounds were too loud and overwhelming. When I was alone, I habitually turned it off. In fact, my default state became “off.”

Growing up, I had teachers, clinicians and my parents to provide regular feedback on my hearing, asking me conversationally if I’d heard certain sounds, like the rumble of thunder. (If I hadn’t, then that was a note to consider boosting my processor’s access to low frequency sounds.) But by my teens, my feedback loops were drying up.

Even today, the majority of support groups, conferences, and books exist to help parents navigate this experience for their children and ensure that their child is getting the most out of their processors. It’s the same for spouses and/or family members of senior adults, who seek to restore age-related hearing loss through cochlear implants. Even online ads and third-party digital information (the new “brochures”) are targeted to spouses and immediate family to help their loved ones regain their sense of independence.

Now that I’m “grown up,” living in another city, immersed in my career and community, I don’t have this same support network.

This great *hearing gap* in my life represented a larger gap in the market that still exists today; those of us in the 18–65 age bracket and the lack of feedback loops that help us measure our progress or decline.

“AM I HEARING THE RIGHT STUFF? WHAT AM I MISSING? IS MY SPEECH CLEAR THE WAY IT SHOULD BE?”

There are now over 324,000 people, worldwide, who have been implanted with cochlear technology—it’s an incredible, life-changing advancement for so many of us. But there’s no such thing as passive maintenance when it comes to these devices. People like me need to regularly understand:

- *Am I hearing the right stuff? What am I missing?*
- *Is my speech clear the way it should be?*
- *Is my hearing improving or declining?*

Today, digital technology can help answer these questions.

For instance, now we can record our speech over time and analyze it through speech frequency programs and voice-activated systems like Alexa, Siri, or Cortana. I could “talk” to Alexa and she could listen (and detect) declines in speech over time, and provide me that feedback—delivered back both by sound and text.

As an example, I may incorrectly hear “sheep” for “cheap,” a sign of missed or declining perception among high frequency sounds between /sh/ and /ch/. That’d be a quick indicator it’s time to see an audiologist. For those of us with cochlear implants—our hearing is subject to perception variability, just like most people’s vision, but we’re less likely to go in regularly for check-ups as adults. This is not ideal; annual appointments are critical.

The challenge is to take modern technologies that deliver a new type of feedback loop for both patients and caregivers: accessible apps so that testing isn’t limited to a hospital or doctor’s office, increased software and hardware integrations that process data in smarter ways, mechanisms to inform the manufacturer, and ultimately, a unified patient profile that complements a trusted patient-caregiver relationship and allows the manufacturers to ensure patients like me are truly benefitting from this life-changing technology.

Last year, while conducting a meeting as board chair for AG Bell, Dr. Jane Madell boldly approached me. “You’re a great speaker and presenter, but your speech isn’t where it needs to be. I can hear it in your tonality that you’re missing some hearing frequencies. You need to go in and see an audiologist for a check-up.”

All I could do was nod my head.

I was too self-conscious to speak back right away. I had spent 17 years in a default “off” state. Was this the result?

After a few “uh-huh’s,” I worked up the courage to confess that I hadn’t found anyone that I could trust, and that I’d lapsed out of the annual mappings. I’d been passed around and “lost in the system.” And regardless of the courage it took for *me* to respond—no one before had the courage to communicate that I could do better, as she did.

She recommended a New York audiologist, Dr. Megan Kuhlmeier at Columbia University Medical Center.

Off to New York I went. In our first appointment, Dr. Kuhlmeier plugged in my processor, analyzed its data, and announced that my average wear time was 7.5 hours per day. I was stunned. *That’s not even a full working day!*

She was surprised how *in the dark* I was about my processors. I knew very little about the technology that I wore: its features and capabilities. That really woke me up. I needed to be “on” more than I am “off.” After so many years, I owed that to myself.

We went through the tests: no statistically significant change or improvement since I last got tested, six years ago. I should be improving. Dr. Kuhlmeier sensed my personal disappointment and she quickly reassured me that we’d get back on track, and began the process of “programming” my processors to be a closer match to my preferences and tolerance.

During the “tune-up” portion of the appointment, I could tell she paid specific attention to my facial reactions. I asked her for a re-do of certain sounds. We turned my processor on and my reaction gave her exactly the information she needed, plugging me back in for more mapping adjustments until we got it “just right.”

When the programming was complete, Dr. Kuhlmeier turned on my processor.

Then she began talking.

Immediately, I noticed a positive difference, and I enthusiastically told her, "Wait, this is different. Really different."

I had to pinch myself; it was too good to be true. She requested that I come back in three months for a check-in.

I exited the hospital, holding my breath. As the sliding doors opened up to the notoriously loud New York rush hour traffic, I braced for the onslaught of sound, promising myself I would resist the urge to "turn off." The protected, quiet clinic setting surely was a baseline that I could handle, but now I was re-entering the real world.

The doors opened.

I scanned the street. I saw the usual cabs, cyclists, people—busy and full of energy.

And then I heard someone pass by me quietly say, "Good evening!" **vv**



Catharine McNally is a dedicated advocate for using technology to bridge the accessibility divide. Her influential work has been recognized through national leadership awards, honors, and national publications. In 2011, McNally was listed as "People to Watch" in the Washingtonian Magazine's Tech Titans feature, and the recipient of the American Association of People with Disabilities national leadership award. She lost her hearing at eight months old, learned Cued Speech at 18 months old and received her first cochlear implant at the age of 3. McNally is a product manager for Phase2 Technology and to fulfill her continuous entrepreneurial spirit, is the owner and operator of a CrossFit affiliate in Alexandria, Virginia. She currently serves as chair on the Board of Directors of the Alexander Graham Bell Association for the Deaf and Hard of Hearing and as a Lead Counselor in its LOFT program.

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GLOBAL GATHERING

AG BELL'S GLOBAL LSL SYMPOSIUM TAKES THE WORLD STAGE IN MADRID

By Christopher Gensch, AG Bell Communications Director



More than 400 hearing health and education professionals from 40 countries gathered in Madrid, Spain, to share information on the latest research and findings related to hearing loss and listening and spoken language (LSL) development, as well as the latest advancements in hearing technology. This was the first time the event has taken place outside the United States.

AG Bell developed the event program with globalization in mind on topics many professionals around the world are looking to address in their own practices, including audiology; neuroscience and hearing technology; listening and spoken language (LSL) development; strategies for acquisition, mentoring, parent guidance and coaching; and tele-practice.

As a particularly strong heatwave reached the Spanish capital, attendees filled the air-conditioned halls of the NH Madrid Eurobuilding, eager to find ways to make valuable changes in their home countries.

Vahishtai Daboo, a LSL Cert. AVT from India, traveled to the symposium to learn about the latest research in other countries and to learn about new ways to help children in India. “[The symposium] provides us with a global platform by being here and interacting with people,” said Daboo. “Listening to the new research that is being done and the wonderful work that is being portrayed gives us a lot of knowledge about newer ideas that we can implement.”

The event included a research forum entitled, “The Impact of Hearing Loss on Childhood Development and Family Constellation.” The forum addressed several factors affecting family involvement, as well as related recent evidence that allows professionals to make more specific recommendations to families in order to reach a desired LSL outcome.

Attendees also visited the Europa Hall to learn about the latest in hearing technology from international exhibitors, such as Med-El, Phonak, Advanced Bionics and Fundación Once.

World-renowned audiologists Dr. Carol Flexer and Dr. Jane Madell closed out the symposium with a presentation on their lifelong learnings and expertise gained from their decades-long careers in the LSL field, as the field gives rise to new professionals dedicating their own careers to helping today's children with hearing loss learn to hear and speak.

Madrid's Prado Museum – A Private Tour with Historic Charm and Elegance

Velazquez. El Greco. Goya. These are just a few of the famous artists that attendees enjoyed during a closed-door, private tour of the Prado Museum (Museo Nacional del Prado). Dressed in their best, attendees explored Spanish masterpieces, such as Velazquez' *Las Meninas* and Juan Sánchez Cotán's *Still Life with Game, Vegetables and Fruit*, considered to be the first surviving still life painting.



As attendees completed their tours, they moved to the museum's main hall and enjoyed a cocktail dinner with traditional Spanish tapas and cocktails, as well as good company with colleagues.

During the dinner, AG Bell honored Dr. Flexer with the 2019 Honors of the Association award for her lifelong career and contributions to help children who are deaf and hard of hearing worldwide learn to hear and speak.

Looking Towards the Future

In many countries, few hearing health and education professionals are qualified to help children with hearing loss learn to hear and talk. However, plans are in the works to change all that.

AG Bell, AG Bell International and the AG Bell Academy for Listening and Spoken Language are working together to prepare professionals worldwide by publishing the world-renowned Listening and Spoken Language Certification exam in more languages, bringing together professionals from around the world to share their knowledge and expertise, and developing global affiliates and chapters in other countries to address the needs of children who are deaf and hard of hearing right where they live.

"Through this symposium, professionals from around the world had the opportunity to learn from each other and present research regarding practices in their home countries," said AG Bell CEO Emilio Alonso-Mendoza. "Based on what we have

learned from this global gathering, we can now take those findings and continue to help hearing health and education professionals improve outcomes for children who are deaf and hard of hearing that put them on the path to success."

AG Bell closed the first-ever global symposium with a bright vision for the future of Listening and Spoken Language for children with hearing loss worldwide.

"We at AG Bell, AG Bell International and the AG Bell Academy [for Listening and Spoken Language] cannot move our missions forward alone. You are all part of that mission. Let's spread Listening and Spoken Language around the world together," said AG Bell chief strategy officer Gayla Guignard, M.A., CCC-A/SLP, LSL Cert. AVT, during the closing ceremony.

AG Bell plans to bring together attendees from around the world at its next Global LSL Symposium in July 2020, to be held in Baltimore. **vv**



Christopher Gensch has served as communications director for AG Bell since April 2017. Chris has worked in various communications roles since graduating, including at the Brady Campaign and Center to Prevent Gun Violence in Washington, D.C.

AG Bell Georgia Holds First Spanish Community Expo

BY SARAH RADLINSKI, M.S., CCC-SLP, LSLS CERT. AVT



Reaching out: Spanish-speaking families met with experts.



All smiles: Kids enjoyed crafts and toys.

The Spanish Community Expo event was a great collaboration with the local AG Bell Georgia chapter, AG Bell National and Advanced Bionics. The event was held in Atlanta this spring and was the first Cradle to Career Expo event in Spanish.

Our chapter first initiated a “Latino Action Group” to meet a great need for Spanish-speaking families throughout the state of Georgia to access educational and social events surrounding pediatric hearing loss. There are a growing number of children who are deaf and hard of hearing from Spanish-speaking homes in Georgia, but families were often not connected to each other and were unable to access hearing loss events due to language barriers. The first Latino family kick-off event was held in December 2017, and the chapter has hosted three to four events yearly for Spanish-speaking families.

The Cradle to Career Spanish Community Expo was larger than the

previous events done locally. The event took place on a sunny day in April in the large fellowship hall of a local church. In the morning, there were educational sessions in Spanish for families as they rotated through stations to learn about possibilities for their child. Families talked with Spanish-speaking, hearing healthcare professionals and met other families on a similar journey to listening and spoken language (LSL). AG Bell CEO Emilio Alonso-Mendoza spoke to families about the Cradle to Career initiative. Children engaged in crafts and activities provided by volunteers from the local AG Bell Georgia board, while parents gained content knowledge, shared their experiences and connected with others.

Later in the afternoon, there was a CEU session for professionals led by myself, a bilingual LSLS Cert.

AVT, alongside a bilingual audiologist, on how audiological management and early intervention can be adapted to be culturally and linguistically relevant for Spanish-speaking families. Local speech language pathologists, teachers of the deaf and hard of hearing, and graduate students engaged in meaningful dialogue surrounding culturally sensitive intervention for the diverse families of children who are deaf and hard of hearing in our state. A fun and educational day was enjoyed by all! **vv**



Sarah Radlinski, M.S., CCC-SLP, LSLS Cert. AVT, is the Latino programming director for the Georgia chapter and a bilingual

Listening & Spoken Language Specialist at Auditory-Verbal Center, Inc.

AG Bell NorCal Expo Families Visit the Zoo

BY KRISTA REY, AG BELL NORTHERN CALIFORNIA CHAPTER PRESIDENT

The Northern California AG Bell Chapter hosted its second expo on Saturday, April 6, 2019, at the Sacramento Zoo in partnership with Cochlear Americas. Approximately 50 people came out to the zoo for a morning of learning about hearing loss, cochlear implants, and auditory rehabilitation.

Parents and professionals participated in three stations over the course of an hour. The stations introduced people to a cochlear implant and explained how it works, demonstrated one of Cochlear's latest products and learned about various auditory rehabilitation resources for children. Parents appreciated the resources that Cochlear was able to provide and the review of their child's devices.

Professionals participated in a course talking about different hearing aid technology (HAT) systems in the classroom and the resources that Cochlear provided. With technology changing daily, professionals appreciated a course on new options for their students who are deaf and hard of hearing in the classroom. Meanwhile, the children had their own form of entertainment and spent the time wearing superhero capes, coloring, and playing games. [VV](#)



Krista Rey is the Northern California AG Bell Chapter president. She is also a teacher of the deaf and a cochlear implant recipient.



Sacramento Superheros: Children enjoyed a day of games and activities at the Sacramento Zoo while parents learned about cochlear implant technology and other resources.

Directory of Services

The Alexander Graham Bell Association for the Deaf and Hard of Hearing is not responsible for verifying the credentials of the service providers below.

Listings do not constitute endorsements of establishments or individuals, nor do they guarantee quality.

Alabama

Woolley Institute for Spoken-Language Education (WISE), 2305 Montevallo Road, Birmingham, AL 35223 • 205-728-5480 (phone) • nancy.gregg@wise4al.org (email). Nancy Gregg, Director. WISE is dedicated to teaching children who are deaf and hard of hearing to speak and to educating, supporting and empowering parents of children who are deaf and hard of hearing. Our comprehensive therapy and educational programs are designed to provide opportunities for children with hearing loss to learn to listen, speak and read. Our goal is for our children to enter mainstream classrooms in their neighborhood schools. Programs: Early Intervention, Toddler Group, tuition-free Preschool, Auditory Verbal Therapy sessions, mainstream support, and professional education.

Arizona

Desert Voices, 3426 E. Shea Blvd., Phoenix, AZ 85028 • 602-224-0598 (voice) • 602-224-2460 (fax) • jsepulveda@desert-voices.org. DeeAnn Chapman, Executive Director. Oral education opportunities for children who are deaf and hard of hearing from birth to six years of age. Our philosophy is early intervention services that focus on language, audition, and articulation. Our goal is for graduating students to have language skills commensurate with their peers and mainstreamed into the parent's choice of school. The programs include: Parent Infant Therapy, Toddler Group, and full day Preschool educational Program. Supportive services include: parent education classes, speech and language evaluations, a parent organization, transition support, and student teacher placements.

California

Echo Center/Echo Horizon School, 3430 McManus Avenue, Culver City, CA 90232 • 310-838-2442 (voice) • 310-838-0479 (fax) • 310-202-7201 (tty) • vishida@echohorizon.org • www.echohorizon.org • Vicki Ishida, Echo Center Director. Private elementary school incorporating an auditory/oral mainstream program for students who are deaf or hard of hearing. Daily support provided by credentialed DHH teachers in speech, language, auditory skills and academic follow-up.

Children's Choice for Hearing and Talking, CCHAT Center – Sacramento,

11100 Coloma Road, Rancho Cordova, CA 95670 • 916-361-7290 (voice) • Laura Covello, Executive Director • A listening and spoken language program for children and their families from birth through the early elementary grades. Other programs include adult cochlear implant support, parent-infant program, on-site audiological services and mainstream support services. The program is staffed with credentialed teachers, licensed speech-language pathologists and licensed audiologists.

HEAR Center, 301 East Del Mar Blvd., Pasadena, CA 91101 • 626-796-2016 (voice) • 626-796-2320 (fax) • info@hearcenter.org • www.hearcenter.org • Ellen S. Simon, Executive Director • Nonprofit 501c3 since 1954. Provides high quality Speech, Hearing,

and Hearing Aid Services. Licensed Audiologists conduct hearing evaluations and dispense HEARING AIDS for all ages (newborns-seniors) with state-of-the-art equipment. Licensed Speech Language Pathologists conduct speech evaluations and therapy for ages 6 months -18 years. HEAR Center also provides free outreach services such as free hearing and speech screenings, health fairs, and educational sessions. New Service: Central Auditory Processing Disorder Testing (CAPD).

HEAR to Talk, 547 North June St. Los Angeles CA 90004 • 323-464-3040 (voice) • sylvia@hear2talk.com • www.hear2talk.com • Sylvia Rotfleisch, M.Sc.A. CCC-A, LSLs Cert. AVT, licensed Audiologist, California NPA Certified. Auditory Verbal therapy with a focus on infants and young children and their families. Experience with a variety of hearing technology including aids, cochlear implants and auditory brainstem implants. Trained by Dr. Daniel Ling at McGill University. Presentations available on many aspects of auditory verbal therapy.

House Children's Hearing Center of UCLA, 2100 W. 3rd Street, Suite 100 Los Angeles, CA 90057 • 213-353-7005 (voice) • 213-483-3716 (fax) • Lisa Owens, Au.D, CCC-SLP/A, Director, lowens@mednet.ucla.edu • Where excellence meets compassion in serving children birth-21 with hearing loss. Cutting-edge diagnostic, therapeutic and educational counseling services. House Children's Hearing Center is a cochlear implant center adjacent to the House Clinic. Our staff is dedicated to partnering with families to maximize each child's auditory potential.

Weingarten Children's Center, 3518 Jefferson Ave. Redwood City, CA 94062 • vbassett@weingartenc.org • www.deafkiddstalk.org • Kathleen Daniel Sussman, Executive Director; Pamela Hefner Musladin, Director of School. A listening and spoken language program where deaf and hard of hearing children listen, think and talk! Cognitive-based program from birth through Kindergarten. Students develop excellent language, listening and social skills with superior academic competencies. Services include educational programs, parent/infant, speech/language/auditory therapy, mainstream support, educational/clinical audiology, occupational therapy and tele-therapy.

John Tracy Clinic, 806 West Adams Boulevard, Los Angeles, CA 90007 • 213-748-5481 (voice) • web@jtc.org • www.jtc.org • youtube.com/johntracyclinic • Celebrating our 75th anniversary, John Tracy Clinic is a world-renowned center of excellence serving families through adult education and state-of-the-art LSLs instruction. Individual family telepractice, parent classes and counseling are offered in California and worldwide. Distance Education includes free online materials and consultations for parents of children birth to five pals@jtc.org. In residence, international programs are offered annually for families of two - five year olds. Locally audiology, itinerant (birth through eighteen), Parent-Infant,

Preschool Services and MED degrees are offered.

Listen and Learn, 4340 Stevens Creek Blvd., Suite 107, San Jose, CA 95129 • 408-345-4946 • Marsha A. Haines, M.A., CED, LSLs Cert. AVT and Sandra H. Hocker, M.A., and Jessica Lopez, M.A.Ed. Auditory Verbal therapy for the child and family from infancy. Services also include aural habilitation for older students and adults with cochlear implants. Extensive experience and expertise with cochlear implants, single and bilateral. Mainstream support services, school consultation, and assessment for children in their neighborhood schools. California NPA certified.

No Limits Theater Program and Educational Centers, No Limits Headquarters: 9801

Washington Blvd., 2nd Floor, Culver City, CA 90232 • 310-280-0878 • www.nolimitsfordeafchildren.org. Individual auditory, speech, and language therapy for DHH children between the ages of 3-18, as well as a literacy program, weekly parent workshops, leadership and mentoring for teens, and a national theater program.

USC Caruso Family Center, 806 W. Adams Blvd, Los Angeles, CA 90007 • We provide state-of-the-art diagnostic audiology services, hearing aids, and implantable devices to children from birth to adulthood, speech language therapy and auditory verbal therapy, and educational counseling and support. Located on the campus of the John Tracy Clinic, the Caruso Family Center is part of the University of Southern California's Keck School of Medicine. Otologic and surgical services are provided by Elina Kari, M.D., Courtney Voelker, M.D., and Rick Friedman, M.D. For appointments: 855-222-3093 (voice), 213-764-2899. (fax) For inquiries regarding services: margaret.winter@med.usc.edu or call 213-764-2801.

Connecticut

CREC Soundbridge, 123 Progress Drive, Wethersfield, CT 06109 • 860-529-4260 (voice/TTY) • 860-257-8500 (fax) • www.crec.org/soundbridge. Dr. Elizabeth B. Cole, Program Director. Comprehensive audiological and instructional services, birth through post-secondary, public school settings. Focus on providing cutting-edge technology for optimal auditory access and listening in educational settings and at home, development of spoken language, development of self advocacy—all to support each individual's realization of social, academic and vocational potential. Birth to Three, auditory-verbal therapy, integrated preschool, intensive day program, direct educational and consulting services in schools, educational audiology support services in all settings, cochlear implant mapping and habilitation, diagnostic assessments, and summer programs.

Florida

Clarke Schools for Hearing and Speech/Jacksonville, 9803 Old St. Augustine Road, Suite 7, Jacksonville, FL 32257 • 904-880-9001 • info@clarkeschools.org • www.clarkeschools.org • Alisa Demico, MS, CCC-SLP, LSLs Cert. AVT and

Cynthia Robinson, M.Ed., CED, LSLS Cert. AVED, Co-Directors. A member of the OPTION Schools network, Clarke Schools for Hearing and Speech teaches children who are deaf or hard of hearing to listen and talk. Clarke Jacksonville provides a range of services and programs, including a Birth to Age Three Program, a Preschool / Early Childhood Program, a Teleservices (tVISIT) Program, Mainstream Services and a satellite preschool classroom in Orlando. Clarke Schools for Hearing and Speech has campuses in Boston, Jacksonville, New York City, Northampton and Philadelphia.

Georgia

Auditory-Verbal Center Inc.—Atlanta Macon

Teletherapy, 1901 Century Boulevard, Suite 20, Atlanta, GA 30345 • 404-633-8911 (voice) • Listen@avchears.org (email) • www.avchears.org. AVC provides Auditory-Verbal Therapy that teaches children who are deaf and hard of hearing to listen and speak WITHOUT the use of sign language or lip reading. AVC provides AV therapy expertly by their Listening & Spoken Language Specialists (LSLS®) through their two main locations in Atlanta and Macon but also virtually through teletherapy. Together, the LSLS and the parents work together to maximize each child's listening and spoken language skills. AVC also has a full Audiology & Hearing Aid Clinic that provides diagnostic testing, dispensing and repair of hearing aids and cochlear implant mapping for adults. Additional offices: 2720 Sheraton Drive, Suite D-240, Macon, GA 31204 • 478-471-0019 (voice)

Illinois

Child's Voice, 180 Hansen Court, Wood Dale, IL 60191 • 630-565-8200 (voice) • 630-565-8282 (fax) • info@childsvoice.org • www.childsvoice.org. Michele Wilkins, Ed.D., LSLS Cert. AVEEd., Executive Director. A Listening and Spoken Language program for children birth to age 8. Cochlear implant (re) habilitation, audiology services, PEHDI services, and mainstream support services provided. Early intervention for birth to age three with parent-infant and toddler classes and home-based services offered in Wood Dale and Chicago. Local contact 773-516-5720 (voice); 773-516-5721 (fax). Parent Support/Education classes at both locations.

Maryland

HASA | The Hearing and Speech Agency, 5900 Metro Drive, Baltimore, MD 21215 • 410-318-6780 (voice) • (relay) 711 • 410-318-6759 (fax) • hasa@hasa.org • www.hasa.org • Jill Berie, Educational Director; Olga Polites, Clinical Director. Education and therapy program for infants and young children who are deaf or hard of hearing. Early intervention services are available in a clinical setting for children of all ages, and a preschool program is offered to children ages 2 through 5. Cheerful, spacious, state-of-the-art classrooms located in Gateway School are approved by the Maryland State Department of Education. Services include onsite audiology, speech-language therapy, family education and support. Applications are accepted year-round. Financial aid available.

Massachusetts

Clarke Schools for Hearing and Speech/ Boston, 1 Whitman Road, Canton, MA 02021 • 781-821-3499 (voice) • 781-821-3904 (TTY) • info@clarkeschools.org • www.clarkeschools.org • Barbara Hecht, Ph.D., Director. A member of the OPTION Schools network, Clarke Schools for Hearing and Speech teaches children who are deaf or hard of hearing to listen and talk.

Clarke Boston provides a range of services and programs, including a Birth to Age Three Program; a Preschool / Early Childhood Program; a Teleservices (tVISIT) Program; Mainstream Services; and Auditory, Speech and Language Services. Clarke Schools for Hearing and Speech has campuses in Boston, Jacksonville, New York City, Northampton and Philadelphia.

Clarke Schools for Hearing and Speech/ Northampton

45 Round Hill Road, Northampton, MA 01060 • 413-584-3450 • info@clarkeschools.org • www.clarkeschools.org • Doug Scott, CEO, Marian Hartblay, MAT, MED, LSLS Cert. AVEEd, Director of Early Childhood Services, and Claire Troiano, MED, OTC, Director of Mainstream Services and Educational Administrator of Clarke's K-8 Program. A member of the OPTION Schools network, Clarke Schools for Hearing and Speech teaches children who are deaf or hard of hearing to listen and talk. Clarke Northampton provides a range of services and programs, including a Birth to Age Three Program, a Preschool/ Early Childhood Program, a Teleservices (tVISIT) Program, Mainstream Services and a K-8 Program. Clarke Schools for Hearing and Speech has campuses in Boston, Jacksonville, New York City, Northampton and Philadelphia.

Mississippi

DuBard School for Language Disorders | The University of Southern Mississippi, 118 College Drive #5215, Hattiesburg, MS 39406-0001, United States • 601-266-5223 • dubard@usm.edu • www.usm.edu/dubard • The DuBard School for Language Disorders is a clinical division of the Department of Speech and Hearing Sciences at The University of Southern Mississippi. The school serves children from birth to age 13 in its state-of-the-art facility. Working collaboratively with 20 public school districts, the school specializes in coexisting language disorders, dyslexia/specific learning disabilities in reading, and speech disorders, such as apraxia, through its non-graded, 11-month program. The DuBard Association Method®, a phonetic, multisensory, teaching-learning strategy that is Orton-Gillingham-based in content and principles of instruction, is the basis of the curriculum. Comprehensive evaluations, individual therapy, audiological services and professional development programs also are available. AA/EOE/ADA

Missouri

CID-Central Institute for the Deaf, 825 S. Taylor Avenue St. Louis, MO 63110 • 314-977-0132 (voice) • Lynda Berkowitz, principal, lberkowitz@cid.edu • www.cid.edu • Child and family friendly learning environment for children birth-12; diverse and challenging educational program incorporating general education academic curricula; family center for infants and toddlers including teleintervention services; expert mainstream preparation in the CID early childhood and primary programs; workshops, curricula, free online courses and educational resources for professionals; pediatric audiology service on-site; and close affiliation with Washington University deaf education and audiology graduate programs.

The Moog Center for Deaf Education

12300 South Forty Drive, St. Louis, MO 63141 • 314-692-7172 (voice) • 314-692-8544 (fax) • www.moogcenter.org • Betsy Moog Brooks, Executive Director, bbrooks@moogcenter.org. Services provided to children who are deaf and hard-of-hearing from birth to 9 years of age. Programs include the Family School (birth to 3), School (3-9

years), Audiology (including cochlear implant programming), Teleschool, mainstream services, educational evaluations, parent education and support groups, professional workshops, teacher education, and student teacher placements.

New Jersey

HIP of Bergen County Special Services

Midland Park School District, 41 E. Center Street, Midland Park, NJ 07432. • Contact Kathleen Treni, Principal, (201) 343-8982, kattre@bergen.org. An integrated, comprehensive pre-K through 6th grade auditory oral program. Services include AV Therapy, Cochlear Implant Habilitation, Parent Education and Audiology services. STARS Early Intervention for babies, 0 to 3, with Toddler and Baby and Me groups available. SOUND SOLUTIONS consulting teacher services for mainstream students in North Jersey public schools. Contact Lisa Stewart, Supervisor, at 201-343-6000, ext 6511, for information about teacher of the deaf, speech and audiology services to public schools. SHIP is the state's only 7th through 12th grade auditory oral program. Computer Aided Real-time Transcription (CART) is provided in a supportive small high school environment and a trained Social Worker is onsite to work with social skills and advocacy issues.

Summit Speech School for the Hearing Impaired Child

F.M. Kirby Center is an exclusively auditory-oral/auditory-verbal school for deaf and hard of hearing children located at 705 Central Ave., New Providence, NJ 07974 • 908-508-0011 (voice/TTY) • 908-508-0012 (fax) • info@summitspeech.org • www.summitspeech.org • Pamela Paskowitz, Ph.D., CCC-SLP, Executive Director. Programs include Early Intervention/Parent Infant (0-3 years), Preschool (3-5 years) and Itinerant Mainstream Support Services for children in their home districts. Speech and language, OT and PT, and family support/family education services available. Pediatric audiological services are available for children birth-21, and educational audiology and consultation is available for school districts.

New York

Anne Kearney, M.S., LSLS Cert. AVT, CCC-SLP, 401 Littleworth Lane, Sea Cliff, Long Island, NY 11579 • 516-671-9057 (voice) • Kearney@optonline.net. Family-centered auditory-verbal speech therapy for infants, children and adults with any level of hearing loss.

Center for Hearing and Communication

50 Broadway, 6th Floor, New York, NY 10004 • 917-305-7700 (voice) • 917-305-7888 (TTY) • 917-305-7999 (fax) • www.CHChearing.org. Florida Office: 2900 W. Cypress Creek Road, Suite 3, Ft. Lauderdale, FL 33309 • 954-601-1930 (voice) • 954-601-1938 (TTY) • 954-601-1399 (fax). A leading center for hearing and communication services for people of all ages who have a hearing loss as well as children with listening and learning challenges. Our acclaimed services for children include pediatric hearing evaluation and hearing aid fitting; auditory-oral therapy; and the evaluation and treatment of auditory processing disorder (APD). Comprehensive services for all ages include hearing evaluation; hearing aid evaluation, fitting and sales; cochlear implant training; communication therapy; assistive technology consultation; tinnitus treatment, emotional health and wellness; and Mobile Hearing Test Unit. Visit www.CHChearing.org to access our vast library of information about hearing loss and hearing conservation.

Clarke Schools for Hearing and Speech/ New York, 80 East End Avenue, New York, NY 10028 • 212-585-3500 • info@clarkeschools.org • www.clarkeschools.org • Meredith Berger, MSED SBL, Director. A member of the OPTION Schools network, Clarke Schools for Hearing and Speech teaches children who are deaf or hard of hearing to listen and talk. Clarke New York provides a range of services and programs, including a Birth to Age Three Program; a Preschool / Early Childhood Program; a Teleservices (tVISIT) Program; Auditory, Speech and Language Services; and Transitional Planning Services. Clarke Schools for Hearing and Speech has campuses in Boston, Jacksonville, New York City, Northampton and Philadelphia.

Clery School for the Deaf, 301 Smithtown Boulevard, Nesconset, NY 11767 • 631-588-0530 (voice) • www.cleryschool.org • Jacqueline Simms, Executive Director. Auditory Oral Programs include Parent-Infant (birth-3years) and Preschool (3-5 years). Offers Teacher of the Deaf, Speech Therapy & AV therapy. The primary focus of the Auditory-Oral Program is to develop students' ability to "listen to learn" along with developing age appropriate speech, language, and academic skills. These programs offer intensive speech therapy services with a goal to prepare students for lifelong learning. Additional services: Autism Resource, Audiological, Music, Art, Library, OT, PT and Parent Support.

Educational & Auditory Resources for Sound-EARS at St. Mary's School for the Deaf, 2253 Main Street Buffalo, NY 14214 • Coordinator: Kristen M. Cotter • 716-834-7200 ext. 147 • kristen@smsdk12.org • www.smsdk12.org/category/EARS_Program/125.html • Serving children from birth to 5 years with hearing loss. Teaches children to listen and speak through oral education. Infant/Toddler Program is a combination of center- and home- based, one-on-one therapy providing every day listening strategies for families. Auditory-Oral Preschool supports the development of listening and spoken language through play-based activities providing meaningful language learning opportunities. Weekly interaction with hearing peers. Comprehensive audiological services provided on site.

Rochester School for the Deaf, 1545 St. Paul Street, Rochester, NY 14621 • 585-544-1240 • 866-283-8810 (videophone) • info@RSDeaf.org • www.RSDeaf.org • Antony A. L. McLetchie, Superintendent/CEO. Serving Western and Central New York State, Rochester School for the Deaf (RSD) is an inclusive, bilingual school where children who are deaf and hard of hearing and their families thrive. Established in 1876, RSD provides quality Pre-K through 12th grade academic programs and services to ensure a bright and successful future for graduates who are heading to college or entering the world of work.

Ohio

Ohio Valley Voices, 6642 Branch Hill-Guinea Pike, Cincinnati, OH 45140 • 513-791-1458 (voice) • 513-791-4326 (fax) • mainoffice@ohiovalleyvoices.org • www.ohiovalleyvoices.org. Ohio Valley Voices' mission is to teach children with hearing loss to listen and talk. Our primary goal is for children with hearing impairment to leave our program speaking within normal limits and reading at or above grade level. Our vision is for all children with hearing loss to have a bright future with endless possibilities. We provide early intervention, oral deaf education through 2nd grade, intensive

speech/ language therapy, parent education, and support groups for families. We offer a 1:3 therapist to child ratio and complete audiology services, including daily maintenance/repairs on children's cochlear implants and/or hearing aids.

Mayfield Hearing Impaired Program, Millridge Elementary School • 962 Millridge Road, Highland Heights, OH 44143 • 440-995-7300 (voice) 440-995-7255 (fax) • www.mayfieldschools.org • Mrs. Colleen Harrison, Coordinator Special Education • Auditory/oral program with a full continuum of services, birth to 22 years of age. Serving 31+ public school districts in northeast Ohio. Parent-Infant-Toddler Program; preschool with typically developing peers; parent support; individual speech, language, and listening therapy; audiological services; cochlear implant habilitation; and mainstreaming in the general education classrooms of Mayfield City School District.

Oklahoma

Hearts for Hearing, 11500 N. Portland Avenue, Oklahoma City, OK 73120 • 405-548-4300 (voice) • 405-548-4350 (fax) • Comprehensive hearing health care for children and adults with an emphasis on listening and spoken language outcomes. Our family-centered team includes audiologists, LSLs Cert. AVTs, speech-language pathologists, physicians and educators working closely with families for optimal listening and spoken language outcomes. Services include newborn hearing testing, pediatric and adult audiological evaluations, hearing aid fittings, cochlear implant evaluations and mapping. Auditory-verbal therapy, as well as cochlear implant habilitation, is offered by Listening and Spoken Language Specialists (LSLS*), as well as an auditory-oral preschool, parent-toddler group and a summer enrichment program. Continuing education and consulting available. www.heartsforhearing.org.

Oregon

Tucker Maxon School, 2860 SE Holgate Blvd. Portland, OR 97202 • 503-235-6551 • info@tuckermaxon.org • www.tuckermaxon.org • Glen Gilbert, Executive Director • Linda Goodwin, Principal. Founded in 1947, Tucker Maxon offers early intervention, tele-intervention, pre-school, and K-5 education for deaf, hard of hearing and typical hearing children. We exceed the OPTION schools Standards of Excellence in Listening and Spoken Language Education. On-site audiology and speech-language pathology provide assistance to children with cochlear implants and hearing aids. Our average 8:1 student-teacher ratio and co-enrollment with hearing children results in improved listening and speaking skills and inspires a language-rich environment at home. Art, music, gardens, goats, chickens, and daily physical education (PE) augment our focus on communication, academics, and emotional intelligence. Tucker Maxon: Where every child has a voice.

Pennsylvania

Clarke Schools for Hearing and Speech/ Philadelphia, 2 Penn Boulevard, Suite 220, Philadelphia, PA 19144 • 267-385-3436 • info@clarkeschools.org • www.clarkeschools.org • Judith Sexton, MS, CED, LSLs Cert. AVEd., Director. A member of the OPTION Schools network, Clarke Schools for Hearing and Speech teaches children who are deaf or hard of hearing to listen and talk. Clarke Philadelphia provides a range of services and programs, including a Birth to Age Three Program, a Preschool / Early Childhood Program, a

Teleservices (tVISIT) Program, Mainstream Services and Audiology Services. Clarke Schools for Hearing and Speech has campuses in Boston, Jacksonville, New York City, Northampton and Philadelphia.

DePaul School for Hearing and Speech

6202 Alder Street, Pittsburgh, PA 15206 • 412-924-1012 (voice) • 412-924-1036 (fax) • www.depaulhearingandspeech.org • nl@depaulhearingandspeech.org • Mimi Loughead, Early Childhood Coordinator. DePaul School is the only school in the western Pennsylvania tri-state region that provides Listening and Spoken Language (LSL) education to children who are deaf or hard of hearing. DePaul School serves children in Pennsylvania, Ohio and West Virginia. A State Approved Private School, most programs are tuition free to approved students. DePaul School provides early intervention services for children (birth to age 5); a center-based toddler program (ages 18-36 months); a preschool program (ages 3-5) and a comprehensive academic program grades K-8. DePaul School provides clinical services including audiology, Auditory-Verbal and speech therapy, cochlear implant MAPping and habilitation, physical and occupational therapy, mainstreaming support and parent education and support programs. Most children who participate in DePaul School's early intervention programs gain the Listening and Spoken Language LSL skills needed to succeed and transition to their neighborhood schools by first grade.

South Carolina

The University of South Carolina Speech & Hearing Research Center, 1224 Sumter Street Suite 300, Columbia SC 29201 • 803-777-2614 (voice) • (803) 253-4153 (fax) • Sph.sc.edu/shc • The center provides audiology services, speech-language therapy, adult aural (re) habilitation therapy, and auditory-verbal therapy. Our audiology services include comprehensive diagnostic evaluations, hearing aid evaluations and programming. The University also provides a training program for AV therapy and cochlear implant management for professional/ university students. Contacts for the AVT or CI programs include Rebecca Brashears (803-777-1698), Jason Wigand (803-777-2642), Gina Crosby-Quinatoa (803-777-2671), and Amy Claire Archer (803-777-1734). Appointments: (803-777-2630). Additional information contact Danielle Varnedoe-Center Director (803-777-2629), daniel@mailbox.sc.edu.

Tennessee

Child Hearing Services (CHS) - University of Tennessee Health Science Center

578 South Stadium Hall • Knoxville, TN 37996 • 865-974-5451 (voice) • 865-974-1793 (fax) • www.uthsc.edu/allied/asp/hsc/chs.php • Eclark1@uthsc.edu • Emily Noss, M.A. CCC-SLP. CHS provides aural rehabilitation services for children who are deaf or hard of hearing, ranging in age from birth-21. Group and individual treatment as well as aural/oral communication assessments, pre and post cochlear implant assessments, auditory training, adult cochlear implant training, and parent guidance are offered. The objectives of CHS are for each child to develop listening and spoken language skills commensurate with their peers. CHS is also a training program for audiology and speech-language pathology students.

Memphis Oral School for the Deaf,

7901 Poplar Avenue, Germantown, TN 38138 • 901-758-2228 (voice) • 901-531-6735 (fax) • www.mosdkids.org • tschwarz@mosdkids.org • Teresa Schwartz, Executive Director. Services: Family Training Program (birth-age 3), Auditory/Oral Day School (ages 2-6), Audiological Testing, Hearing Aid Programming, Cochlear Implant Mapping and Therapy, Aural (Re)Habilitation, Speech-Language Therapy, Mainstream Service.

Vanderbilt Bill Wilkerson Center - National Center for Childhood Deafness and Family Communication,

Medical Center EastSouth Tower, 1215 21st Avenue South, Nashville, TN 37232-8718 • www.mc.vanderbilt.edu/VanderbiltBillWilkersonCenter • Fred Bess, Ph.D., Director NCCDFC, fred.h.bess@vanderbilt.edu; Michael Douglas, M.S., Principal, Mama Lere Hearing School, William.m.douglas@vanderbilt.edu; Lynn Hayes, Ed.D., Director, Master's in Education of the Deaf Program, lynn.hayes@vanderbilt.edu; Anne Marie Tharpe, Ph.D., Associate Director of Education, NCCDFC, anne.m.tharpe@vanderbilt.edu. The National Center for Childhood Deafness and Family Communication (NCCDFC) at the Vanderbilt Bill Wilkerson Center houses a comprehensive program of research, education, and service for infants and children (birth through 18 years) with hearing loss and their families. Early intervention services include newborn hearing screening, full range of pediatric audiology services (diagnostic services, hearing aid fittings, and cochlear implant program), infant-family training, and toddler group. The Mama Lere Hearing School provides preschool educational services for listening and spoken language development. Telepractice services, including deaf education, speech-language intervention, audiology services, and professional coaching are available. The Department of Hearing and Speech Sciences offers an innovative, highly-ranked, interdisciplinary graduate program for audiology, speech-language pathology, and deaf education students. The NCCDFC is engaged in cutting-edge, basic and applied research in the area of childhood hearing loss.

Texas

Callier Center for Communication Disorders/UT Dallas,

Callier - Dallas Facility: 1966 Inwood Road, Dallas, TX 75235 • 214-905-3000 (voice) • Appointments: 214-905-3030. Callier-Richardson Facility: 811 Synergy Park Blvd., Richardson, TX 75080 • Main number: 972-883-3630 • Appointments: 972-883-3630 • calliercenter@utdallas.edu • www.utdallas.edu/calliercenter. For half a century, the Callier Center has been dedicated to helping children and adults with speech, language and hearing disorders connect with the world. We transform lives by providing leading-edge clinical services, conducting innovative research into new treatments and technologies, and training the next generation of caring clinical providers. Callier provides hearing services, Auditory-Verbal therapy, and speech-language pathology services for all ages. Audiology services include hearing evaluations, hearing aid dispensing, assistive devices, protective devices and tinnitus therapy. We are a partner of the Dallas Cochlear Implant Program, a joint enterprise among the Callier Center, UT Southwestern Medical Center and Children's Medical Center. Callier specializes in cochlear implant evaluations and post-surgical treatment for children from

birth to 18 years. Our nationally accredited Child Development Program serves children developing typically and allows for the inclusive education of children with hearing impairments.

The Center for Hearing and Speech, Houston,

3636 West Dallas, Houston, TX 77019 • 713-523-3633 (voice) • 713-874-1173 (TTY) • 713-523-8399 (fax) • info@centerhearingandspeech.org • www.centerhearingandspeech.org. CHS serves children with hearing loss from birth to 18 years. Services include: The Melinda Webb School, an auditory/oral preschool for children 18 months through kindergarten; Audiology Clinic providing comprehensive hearing evaluations, diagnostic ABR, hearing aid and FM evaluations and fittings, cochlear implant evaluations and follow-up mapping and Speech-Language Pathology Clinic providing Parent-Infant therapy, Auditory-Verbal therapy, aural(re) habilitation; family support services. All services offered on sliding-fee scale and many services offered in Spanish.

Sunshine Cottage School for Deaf Children,

603 E. Hildebrand Ave., San Antonio, TX 78212 • 210-824-0579 (voice) • 210-826-0436 (fax). Founded in 1947, Sunshine Cottage is a listening and spoken language school promoting early identification of hearing loss and subsequent intervention teaching children with hearing impairment (infants through high school). State-of-the-art pediatric audiological services include hearing aid fitting, cochlear implant programming, assessment of children and maintenance of campus soundfield and FM equipment. Programs include the Newborn Hearing Evaluation Center, Parent-Infant Program, Hearing Aid Loaner and Scholarship Programs, Educational Programs (preschool through fifth grade on campus and in mainstream settings), Habilitative Services, Speech Language Pathology, Counseling, and Assessment Services. Pre- and postcochlear implant assessments and habilitation. Accredited by the Southern Association of Colleges and Schools Council on Accreditation and School Improvement, OPTION Schools International, and is a Texas Education Agency approved non-public school. For more information visit www.sunshinetcottage.org.

Utah

Sound Beginnings at Utah State University,

2620 Old Main Hill, Logan UT • 84322-2620, 435-797-9235 (voice) • 435-797-7519 (fax) • www.soundbeginnings.usu.edu. Nicole Martin, M.S., CCC-SLP, Sound Beginnings Program Director, nicole.martin@usu.edu. Lauri Nelson, Ph.D., lauri.nelson@usu.edu; Listening and Spoken Language Graduate Program. A comprehensive listening and spoken language program serving children with hearing loss and their families. Services include early intervention, parent training, toddler and preschool classrooms, pediatric audiology, tele-intervention and individual therapy. The Department of Communication Disorders offers an interdisciplinary Listening and Spoken Language graduate training program in Speech-Language Pathology, Audiology, and Deaf Education.

Washington

Listen and Talk - Education for Children with Hearing Loss,

8610 8th Avenue, NE, Seattle, WA, 98115 • 206-985-6646 (voice) • 206-985-6687 (fax) • info@listentalk.org • www.listentalk.org. • Maura Berndsen, Executive Director Family-centered program teaches children with all degrees of hearing loss to listen, speak, and

think in preparation for inclusion in neighborhood schools. Services include Birth to Three (0-3 yrs), Listening and Spoken Language Therapy (3-school age), Blended Classrooms (3-5 yrs), Statewide Outreach and Consultations, and Audiology Services. A summer program is offered in addition to services provided during the school year.

Wisconsin

Hear Wisconsin, 10243 W. National Avenue • West Allis, WI 53227 • 414-604-2200 (voice) • 414-604-7200 (fax) • www.hearwi.org • Amy Peters Lajos, M.A., CCC-A, LSLS Cert. AVT, Director, Therapy Services. Private non-profit agency, near Milwaukee, providing quality, state-of-the-art comprehensive therapy services to individuals, of all ages, who have hearing loss. Highly qualified professionals include: LSLS certified practitioners; speech-language pathologists (including bilingual-Spanish); audiologists; teachers of the deaf and hard of hearing; and social workers. Services include family-focused, culturally responsive individualized early intervention; parent education; auditory-verbal therapy; tele-therapy via ConnectHear Program; speech-language therapy; toddler communication groups with typically hearing peers; pre- and post-cochlear implant therapy for all ages; specialized instruction; consultations; and professional mentoring, as well as agency related programs, resources, ongoing educational and parent-to-parent events.

INTERNATIONAL

Canada

Children's Hearing and Speech Centre of British Columbia, 3575 Kaslo Street, Vancouver, B.C. V5M 3H4 • 604-437-0255 (voice) • 604-437-0260 (fax) • www.childrenshearing.ca • Loretta Richardson, Director of Education, lrichardson@childrenshearing.ca • Christina Coad, Executive Director, ccoad@childrenshearing.ca • A fully accredited listening and spoken language program serving families throughout BC since 1963. Services include a full-time educational audiologist; First Words family guidance from birth-3, centre based and tele practice; Mother Goose Parent Child Program; on-site classes Preschool through Grade 3 that include music and individual SLP and OT; itinerant services K-Grade 12, in-person and tele practice; parent education and support.

Montreal Oral School for the Deaf,

4670 St. Catherine Street West; Westmount, QC; Canada H3Z 1S5 • 514-488-4946 (voice/tty) • 514-488-0802 (fax) • www.montrealoralschool.com • info@montrealoralschool.com. Bilingual services; Auditory verbal therapy and education; Parent Infant program; Preschool (reverse integration); Elementary school; Itinerant program in regular schools (elementary and secondary); Educational audiology; Psychosocial services; Telepractice; Consultation and professional development.

LIST OF ADVERTISERS

Advanced Bionics	4
CapTel	Inside Back Cover
Central Institute for the Deaf	19
Cochlear Americas	Back Cover
Ear Technology Corp. (Dry & Store)	31
National Technical Institute for the Deaf—RIT	24
Oticon Pediatrics	Inside Front Cover
Phonak	26
St. Joseph Institute for the Deaf	23

The Sounds of Success

Darren Toh was considered lower than 0.1 percentile for speech and development. When he finally learned to speak, he soared—with an IQ higher than that of Albert Einstein and Stephen Hawking.

BY MAY NG, DARREN'S MOTHER

Our 12-year-old son, Darren Toh, recently scored the highest mark possible for a child on the Mensa test. From the test, we learned he had an IQ level of 162. Albert Einstein and Stephen Hawking had 160.

We live in the United Kingdom, in the village of Aughton. Seven years ago, Darren's performance on the Mensa test was not something we would have foreseen. Darren didn't speak until he was 5 years old. He has Connexion 26 genetic recessive mutation and is entirely dependent on his hearing aids. Initially, he attended a special needs school because we were told his speech and development was lower than 0.1 percentile and he could not be in a mainstream school. When he was 5 years old, an audiologist encouraged us to let him learn the piano by teaching him directional hearing. Switching to spoken language required extensive listening and spoken language therapy as he was using British Sign Language and visual aids at the time.

By the time he was 7 years old, his teachers said he had exceptional academic abilities. We removed him from the special needs school and placed him in an independent school, but it would only accept him after he passed an assessment exam. We have not looked back since.

He has won the Academic prize every year since he joined his school and developed a love for mathematics. In addition, he gained distinctions every year in all his piano music exams, is talented with the saxophone and loves performing in drama. Darren had always wanted to take the Mensa test as he loves puzzles, challenges and quizzes. He was simply curious to know what his IQ level was. He was so surprised to find out just how high it really was. One day, he hopes to be a pediatrician, like me.



“He was simply curious to know what his IQ level was. He was so surprised to find out just how high it really was.”

The process has not been easy as a family. Darren has a 12-year-old brother, Brendan, who has severe autism and did not speak until he was about 7. Darren often helps me care for him and has always cared deeply for his brother, even when he was young. If I could give him an award for being the best autism sibling to Brendan, I would. He has also written poetry, some of which is featured in a book I recently wrote about our journey raising his older brother. Darren is also very close with his little sister, Corinne, who is 8.

Darren does not let his hearing loss stop him, and he is a kind and caring brother. We are very proud of him. **vv**



Dr. May Ng is a native Malaysian who practices medicine in the United Kingdom. She recently published a book, *A Journey*

With Brendan: Life with a Child with Autism, by a Mother and Pediatrician.

WE WANT YOU ON THE BACK PAGE!

If you have stories to tell, experiences to share and a perspective on hearing loss for this column, please send an email to editor@agbell.org and tell us a bit about yourself.

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